United Nations A/72/PV.94

General Assembly
Seventy-second session

Official Records

94th plenary meeting
Tuesday, 12 June 2018, 10 a.m.
New York

President: Mr. Lajčák ..... (Slovakia)

The meeting was called to order at 10.10 a.m.

Agenda item 10

Implementation of the Declaration of Commitment on HIV/AIDS and the political declarations on HIV/AIDS

Report of the Secretary-General (A/72/815)

The President: I welcome members to the Hall for our annual debate on HIV/AIDS. This is an opportunity to hear about the progress being made and about the hurdles we continue to face in eradicating AIDS from our world. I will make three brief points before giving the floor to others.

First, HIV remains a huge challenge. Indeed, there have been success stories and progress has been made. We have developed better antiretroviral therapy. HIV-positive people now live longer and healthier lives. We continue to see fewer mothers die during pregnancy or transmit the virus to their babies. Overall, there was a 40 per cent decline in the number of new infections between 2000 and 2016. However, we must be clear: we cannot afford to slow down. The virus continues to have a destructive and deadly impact on people around the world. One million people lost their lives to AIDS-related illnesses in 2016, and new drugs and treatments are not available to everyone — only 53 per cent of people have access to antiretroviral therapy. That is why we must work even harder. That is why we have committed to ending the AIDS epidemic by 2030. And that is why we are here today.

Secondly, we could use today's meeting to explore opportunities for even greater action. I would like to highlight two of them in particular. One is the high-level meeting on tuberculosis, to be held on 26 September, which will be the first meeting of its kind and will have a major impact on the work we do here. People infected with HIV are between 20 and 30 times more likely to develop active tuberculosis, which makes for a lethal combination. Without the proper treatment, nearly all HIV-positive people with tuberculosis will die. Also in September, the General Assembly will also hold its third high-level meeting on non-communicable diseases (NCDs), which will constitute another major opportunity. People with HIV have a much higher risk of suffering from NCDs. That is why more than ever we need a greater integrated approach. We must use those and other events and platforms to push ahead with our goal of eradication by 2030.

Thirdly, and lastly, we cannot forget that the work we do today ties into our other goals and objectives. We cannot speak just about HIV and AIDS. It is not just about the virus; we must also consider its context. The fact is that we are not on an even playing field. The likelihood of everyone contracting HIV is not the same. The likelihood of everyone surviving HIV is not the same. That is not the way it should be. We cannot continue to leave people behind. Universal health care can help to give everyone a chance and level the field. We all know that health care is crucial to sustainable development. That is why it has its own goal in the 2030 Agenda for Sustainable Development, namely, Sustainable Development Goal 3. As part of it, we

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have therefore committed to achieving universal health coverage. That will be on the General Assembly's agenda in 2019. It could accelerate our drive to eradicate AIDS once and for all.

We are on the right path. We should therefore be hopeful, but never complacent. Let us keep going. Let us continue to fight the virus and the stigma that comes with it. Let us speak up louder in memory of those who have died and in support of those living with HIV and AIDS today.

I now give the floor to His Excellency Secretary-General António Guterres.

The Secretary-General: We are at the halfway point to the 2020 fast-track commitments agreed by the General Assembly in 2016. The world is making good progress towards ending the AIDS epidemic by 2030. More people have access to HIV testing and treatment. Access to antiretroviral therapy has expanded by more than 20 million people since 1990. As mother-to-child transmission continues to decline and fewer children are living with HIV, we are moving closer to bringing about an AIDS-free generation. But progress is uneven and fragile. On all continents key populations at higher risk of infection continue to be left further and further behind, while young women remain unacceptably vulnerable where prevalence is high. We must empower young people to protect themselves from HIV. That includes providing a full range of sexual and reproductive health services and rights, harm-reduction strategies for people who use drugs and access to antiretroviral treatment for young people living with HIV.

Prevention is the key to breaking the cycle of HIV transmission. The Prevention 2020 Road Map focuses explicitly on adolescent girls, young women and key populations at risk. The sharpened focus on human rights, key populations and gender equality is essential. Greater leadership and investment must follow suit to remove the social and political barriers that keep so many people beyond the reach of necessary services.

The 2030 Agenda for Sustainable Development calls for an integrated approach to development challenges. Our efforts to end HIV are connected to other key areas, such as malaria, tuberculosis, access to medicines and the increasing threat of antimicrobial resistance. Success will require us to strengthen links across those areas and build resilient and sustainable systems for health, underpinned by principles of human rights and equity. This year's high-level meetings of the General Assembly on tuberculosis and non-communicable diseases, which the President just mentioned, are key opportunities to inform a new way of thinking and working that moves beyond the disease-specific silos of yesterday. Let us also look ahead to the 2019 high-level meeting on universal health care to build coherence across the global health landscape on financing, programming and accountability.

The progress towards ending the epidemic would not have been possible without forceful advocacy, solidarity and a spirit of shared responsibility. We must maintain that spirit. This year marks the fifteenth anniversary of one of the most significant commitments to ending the AIDS epidemic: the United States President's Emergency Plan for AIDS Relief. We commend the United States of America for its steadfast and generous commitment. Next month scientists and advocates from around the world, many of whom are with us today, will gather in Amsterdam for the twenty-second International AIDS Conference. From the beginning of the global response, that intersection of science and advocacy has helped to shape policy and expand access to rights-based treatment and support for millions around the world.

At this pivotal moment, we must renew our focus and shared commitment to a world free of AIDS. The pandemic is not over, but it can be. We must all do our part. Let us move forward in a bold new spirit of partnership to overcome the cycle of HIV transmission and deliver health and well-being for all.

The President: I thank the Secretary-General for his statement.

Mr. Amayo (Kenya): I have the honour to deliver this statement on behalf of the Group of African States. It should have been made by my brother the Permanent Representative of Mauritius as Chair of the Group for this month, but he is otherwise engaged and has requested that I deliver the statement on his behalf.

I thank the President of the General Assembly and the Secretary-General for their remarks in support of efforts to eradicate the HIV/AIDS epidemic. The African Group would like to thank the President for convening this first annual meeting to review the Political Declaration on HIV and AIDS: On the Fast Track to Accelerating the Fight against HIV and Ending the AIDS Epidemic by 2030, adopted in June 2016. The Group takes note of the Secretary-General's report

entitled "Leveraging the AIDS response for United Nations reform and global health" (A/72/815), as well as the recommendations contained therein.

At the outset, the African Group would like to reaffirm its strong commitment to the fight against the AIDS epidemic. With support from partners, Africa continues to make considerable progress in responding to the AIDS epidemic, and the rate of new infections has stabilized in many countries of the continent. Much remains to be done, as HIV and AIDS continue to disproportionately affect sub-Saharan Africa, with the risk of new infections remaining particularly high among young women. New HIV infections account for 26 per cent of all infections recorded in eastern and southern Africa in 2016. As we undertake today's review on the progress achieved in realizing the commitments of the Political Declaration on HIV and AIDS, and as part of efforts to ensure that the global goal of ending AIDS as a public health threat by 2030 is achieved, we reiterate the need for a comprehensive, universal and integrated approach to HIV and AIDS, including investments to that end.

We must put all people living with HIV on treatment. It is also our duty to protect future generations from acquiring HIV. We must eliminate new HIV infections by putting in place robust advocacy and education programmes to stop people from engaging in risky behaviour. We should strengthen initiatives to prevent mother-to-child HIV transmission and invest more to end the vulnerability of young people, in particular young women and adolescent girls, to new infections in Africa.

The African Union (AU) States have taken significant measures at various levels, including adopting the road map on shared responsibility and global solidarity for AIDS, malaria and tuberculosis. Their pledge made at the special summit at Abuja in July 2013 and their ongoing commitment to allocating to their health sectors 15 per cent of the State budget are clear demonstrations of their strong political will to strengthen ownership, accountability and partnerships. They are also committed to accelerating progress to achieve clear deliverables through financing, access to medicine and enhanced governance, in order to help countries build long-term and sustainable solutions.

However, we note with concern that the AIDS response with regard to children still lags behind, as there are now up to 1.5 million children living with HIV in sub-Saharan Africa. Unfortunately, that constitutes half of the children living with HIV globally. Treatment levels remain equally low, as around 50 per cent of children living with HIV are not receiving treatment. Furthermore, not all pregnant women are accessing antiretroviral therapy or being offered HIV testing.

We reiterate the need for the AIDS response to continue building on progress aimed at eliminating mother-to-child HIV transmission during pregnancy, delivery and breastfeeding. Increased access to early infant and paediatric diagnosis and treatment, which require strengthened health systems and mechanisms, need to be given the attention they deserve.

We note in particular that the report indicates that the scale-up for paediatric treatment is off-track to meet the 2018 global target of 1.6 million children on treatment. We therefore reiterate the need to ensure that the AIDS response continues to build on the progress towards the elimination of mother-to-child HIV transmission. Ending AIDS by 2030 will require focused efforts on women and children by improving maternal and childhood AIDS programmes across Africa, if we are to meet the global target of reaching 1.6 million children.

In the same vein, we believe that the goal of zero new infections, zero discrimination and zero AIDS deaths is attainable before 2030. We reiterate the importance of prevention, advocacy and education on healthy lifestyles. Treatment and innovation with regard to new medicines, including vaccines, should be at the core of our efforts. The African Group reaffirms the need for technology transfer, capacity-building, market access and support to make use of Trade-Related Aspects of Intellectual Property Rights flexibilities, including by simplifying and strengthening health regulatory procedures.

The Group furthermore recognizes that poverty and unemployment exacerbate HIV and AIDS. Ending AIDS requires progress on gender equality and the empowerment of women and girls via social protection measures, financial support and educational achievement among women and girls to reduce a woman's personal risk. We applaud the recommendation in the report on promoting gender equality and the economic empowerment of women and girls as critical tools for protecting against HIV infection.

The Group looks forward to the holding of the first-ever high-level meeting of the General Assembly on the

fight against tuberculosis, to take place in September. We hope that the meeting will identify and adopt bold and actionable commitments that will put us on the path to ending tuberculosis by 2030 — the disease that remains the main cause of death among people living with HIV and AIDS.

We therefore reaffirm our support for the World Health Organization Ministerial Conference on Ending Tuberculosis in the Sustainable Development Era, held last year in Moscow, as well as its collective commitment to achieving universal health coverage, including by scaling up people-centred tuberculosis and HIV services. We could not agree more with the recommendation to close the funding gap of $2.3 billion through both domestic and international resources in order to accelerate the treatment of HIV and associated tuberculosis.

The African Group reaffirms the need to improve prevention, diagnosis, treatment and strong surveillance systems. We call for strengthened health systems and mechanisms and universal access to such services. It is equally important to provide sexual health education related to HIV. The inclusion of age-appropriate sex education in school curriculums can help create awareness of HIV and its effects and how to manage them, and consequently influence sexual behaviour.

The Group is concerned that stigma and discrimination against people living with HIV and AIDS continue to prevail, which undermine an effective response to AIDS, with people living with HIV continuing to face challenges in all regions of the world. The African Group calls for increased resources dedicated to an effective HIV and AIDS response, including the implementation of the Addis Ababa Action Agenda, an increase in official development assistance to support national plans and strategies, as well as the development of a financing plan and joint multilateral efforts aimed at combating the menace.

Finally, we believe that zero new infections, zero discrimination and zero AIDS can be attainable by 2030 if, as I said earlier, emphasis is placed on high-quality education, prevention, advocacy, access to affordable medicine and strong health systems.

Allow me now to make a statement of no more than two minutes in my capacity as the Permanent Representative of Kenya.

I thank you, Mr. President, for convening this meeting and giving us an opportunity to speak on the implementation of the Declaration of Commitment on HIV/AIDS and share our thoughts on reinvigorating the AIDS response to catalyse sustainable development. We welcome the Secretary-General's report and take note of its recommendations.

In June 2016, Member States came together and agreed on a fast-track strategy to end the AIDS epidemic by 2030 by accelerating the fight against HIV. At the halfway point to the 2020 fast-track commitments, we take note of the fact that the progress made thus far is inadequate when it comes to our desire to end the epidemic. Kenya is a country that carries the burden of HIV, with an estimated 1.5 million people living with the virus. Regrettably, HIV and AIDS account for 29 per cent of annual deaths in our country and make up 15 per cent of the overall disease burden.

His Excellency President Uhuru Kenyatta recently outlined his vision for the big four agenda, which will refocus Kenya's development priorities for the next five years. They include food security and nutrition, affordable housing, manufacturing and universal health care. The Ministry of Health has already put in place a rapid-results initiative in order to fast-track the implementation of universal health care. It will include HIV testing, prevention services and antiretroviral therapy as a package, which is critical for achieving universal health coverage for Kenyans.

About 75 per cent of eligible persons living with HIV were in treatment by the end of 2017. Seventy-seven per cent of them experienced successful viral load suppression. The resulting effect, I am happy to note, was a 52 per cent reduction in the number of recorded AIDS-related deaths between 2011 and 2017. In addition to that — and I apologize for so many statistics, but they are important — a 56 per cent reduction in HIV incidence among adults aged 15 to 49 has been recorded, while there has also been a 57 per cent decrease in the number of new HIV infections among people over the age of 15.

In ensuring that young people have the skills, knowledge and capacity to protect themselves from HIV and have access to sexual reproductive health services by 2020, the Government is happy to report that 70 per cent of HIV-infected women of reproductive age receive family planning services, leading to a 40 per cent overall reduction in new infections among

young people between the ages of 15 and 24. Moreover, a 46 per cent reduction in HIV infections among young women has been registered, along with a 58 per cent reduction in infections among young men.

The Government of Kenya has also been committed to eliminating new HIV infections among children by 2020 by ensuring that children have access to HIV treatment. Kenya has registered a 38 per cent overall reduction in new HIV infections among children. There has also been a 62 per cent reduction in new HIV infections among pregnant women, while 76 per cent of HIV-positive pregnant women have received antiretroviral treatment.

Kenya is committed to ensuring that people living among us who are at risk of, or affected by, HIV receive social protection that is HIV-sensitive. That social protection system, which provides regular and predicable cash transfers to poor and vulnerable households, has been implemented with very positive results. More than 240,000 households — reaching close to 500,000 orphans and vulnerable children as of 2015 — have benefited from the social protection system.

The Government is also aware that resources for HIV programming remain a critical ingredient for an effective response. We are committed to developing mechanisms for sustainable development and HIV investment that targets returns. We have also worked to integrate HIV and non-communicable diseases with the relative cost-benefit analyses.

Although the HIV response has been largely donor-funded, the Government of Kenya has increased domestic financing for Kenya's AIDS response by 29 per cent since 2013 — from K Sh20 billion during the period 2013-2014 to K Sh26 billion in 2015-2016. We note with concern that resource availability for the global AIDS response is falling short of the commitments made in 2016. I appeal to Member States to commit to closing the $7 billion investment gap, which is required to end AIDS and achieve the Sustainable Development Goals.

In conclusion, high-burden countries such as Kenya cannot achieve these strategic milestones and targets without the cooperation and dedicated support of partners. We want to thank the Joint United Nations Programme on HIV/AIDS (UNAIDS) and to express our support for the partnership among the United Nations Population Fund, UNICEF, UN-Women, the World Health Organization, UNAIDS and the World Bank Group in continuing to serve as a global health accelerator and incubator of the United Nations development system reform.

Mr. Mero (United Republic of Tanzania): I have the honour to deliver the following statement on behalf of the Southern African Development Community (SADC). This statement is aligned with the one made by the representative of the Republic of Kenya on behalf of the Group of African States.

At the outset, I wish to reiterate SADC's unwavering commitment to the fight against HIV/AIDS. As such, we welcome this opportunity to take stock of the progress and challenges in achieving the bold targets and milestones set out in the 2016 Political Declaration on HIV and AIDS: On the Fast-Track to Accelerating the Fight against HIV and to Ending the AIDS Epidemic by 2030, adopted by the General Assembly at the high-level meeting held in June 2016. Despite the progress made globally, our share of the burden of the disease remains high. While new cases of HIV infection have been reduced, they still remain very high compared to other regions.

However, since the adoption of the first political declaration on HIV/AIDS, in 2001, SADC Governments have made strides at both the domestic and regional levels to strengthen policies to better respond to the health-care needs of our people. Those include the signing of the 2003 Maseru Declaration on the Fight against HIV/AIDS by the SADC Heads of State and Government and the subsequent establishment of the SADC HIV and AIDS Special Fund to support regional interventions to complement national responses.

Cognizant of the cross-border nature of the disease, SADC member States have made commendable efforts, including facilitating the implementation of an HIV/AIDS cross-border initiative, established in 2011 with support from the Global Fund to Fight AIDS, Tuberculosis and Malaria and 12 select Member States, namely, Angola, Botswana, the Democratic Republic of the Congo, Eswatini, Lesotho, Malawi, Mozambique, Namibia, South Africa, the United Republic of Tanzania, Zambia and Zimbabwe.

The overall objective of the cross-border initiative is to reduce the number of cases of HIV/AIDS, tuberculosis and malaria-related illnesses, as well as mortality and the incidence of sexually transmitted infections among mobile populations, especially sex workers, long-distance truck drivers, migrant workers and communities living in close proximity to borders.

Just two months ago, the SADC secretariat handed over a second HIV and AIDS cross-border wellness clinic — situated at the Tlokweng border site — to the Botswana Ministry of Health and Wellness.

It is worth noting that a number of SADC countries are participating in the Global HIV Prevention Coalition and have reported that they have either established national coalitions or have assigned responsibilities to equivalent existing bodies with broad representation, thereby strengthening the coordination and oversight of prevention efforts.

There are also clear signs of increased political support for prevention. The Presidents of South Africa and Zambia have personally committed to national prevention road maps or targets. In many other countries, the Ministers of Health and other senior political leaders have chaired recent national coalition meetings.

Other institutional changes are ongoing, such as the establishment of a national HIV committee in the Democratic Republic of the Congo. In several countries, including Lesotho, Malawi, Mozambique and Zimbabwe, existing national committees or partnership forums, equivalent to a coalition, have been designed or reconfigured to oversee the national prevention response. Importantly, several countries are strengthening their technical leadership on specific HIV prevention programme components. In Tanzania, the three existing subcommittees of the Prevention Technical Working Group, which deal with key populations, condoms and HIV prevention among adolescent girls and young women, are being strengthened. In Namibia, there are dedicated working groups on four of the five prevention pillars — except for pre-exposure prophylaxis, which is in the early stages of implementation in the country — with oversight from the Combination Prevention Strategy National Technical Advisory Committee.

Recognizing the particular requirements of young people, especially young women, with regard to their vulnerability to HIV and AIDS, SADC believes in a comprehensive approach, aimed at empowering young people, that takes into account their socioeconomic needs. In that regard, some States members of SADC have modified their national condom strategies so as to improve young people's access to condoms, including by extending the distribution of condoms beyond health facilities and into rural areas, while other countries have prioritized strengthening education sector policies on HIV and building capacity for sexual and reproductive health care.

Furthermore, there are plans to step up efforts to engage adolescent girls and young women and to enact new legislation on domestic violence so as to ensure that young people have the skills, knowledge and capacity to protect themselves from HIV and that they have access to sexual and reproductive health services. The SADC countries have made use of the support provided through the United States President's Emergency Plan for AIDS Relief (PEPFAR) for prevention activities, including voluntary medical male circumcision and the DREAMS initiative for HIV, among others.

At the United Nations level, our group continues to champion the resolution on women, the girl child and HIV and AIDS in the context of the Commission on the Status of Women. As we appraise our progress on the implementation of the 2016 Political Declaration, we call on all Member States to strengthen efforts to implement resolution 60/2, as it remains the authoritative resolution on the specific needs of all women and girls in the fight against HIV and AIDS.

The target of the 2016 Political Declaration on HIV and AIDS is to reduce new HIV infections among adults to fewer than 500,000 by 2020, from more than 1.8 million in 2010, and to scale up HIV primary prevention and treatment programmes in order to achieve that objective.

We believe that, with such commitment shown by our leaders, SADC will make a great deal of progress towards attaining the targets set out in the Political Declaration. In that regard, partnerships such as the Global Fund to Fight AIDS, Tuberculosis and Malaria and PEPFAR continue to be crucial to supplementing our national funding efforts.

Finally, we encourage other development partners, as well as United Nations agencies, funds and programmes, to assist SADC and its member States in the fight against such epidemics, while commending the efforts of the leadership of the Joint United Nations Programme on HIV/AIDS, which has supported us in many ways.

The President: I now give the floor to the observer of the European Union.

Mr. Parenti (European Union): I have the honour to speak on behalf of the European Union (EU) and its member States.

The EU remains fully committed to implementing the Sustainable Development Goals (SDGs), including Goal 3.3, on health, which encompasses the objective to end by 2030 the epidemics of AIDS and tuberculosis. Such work is based on the reflection process regarding the next steps for a sustainable future launched in 2016 and includes a comprehensive analysis of the progress made and an updated stocktaking of achievements with regard to the implementation of the SDGs within the European Union.

The European Union welcomes the report of the Secretary-General on leveraging the AIDS response for United Nations reform and global health (A/72/815) and its recommendations as a major contribution to steering the work in that area.

We stress the importance of prevention as the cornerstone of effective actions towards achieving the SDG targets. There is a strong linkage between HIV and AIDS and sexual and reproductive health and rights. We must work to ensure that HIV prevention is better integrated into reproductive health services, and vice versa. We must also do our utmost to ensure the sexual and reproductive health and rights of women.

That is why the focus has been on supporting early diagnosis by encouraging testing, as well as by promoting greater outreach to hard-to-reach vulnerable groups, such as prisoners, injecting drug users and men who have sex with men, in order to better understand the barriers that impede the effective prevention of such diseases. Furthermore, focusing on women and girls, while not forgetting men and boys or the importance of changing gender norms, is key to the success of the prevention agenda.

In order to achieve the goal of ending the AIDS epidemic, the EU further stresses the need for universal access to quality and affordable comprehensive sexual and reproductive health information, education, including comprehensive sex education, and health-care services, as well as the commitment to sexual and reproductive health and rights.

We maintain a strong global health agenda and actively contribute to the Global Fund to Fight AIDS, Tuberculosis and Malaria in order not only to support its fight against for HIV, tuberculosis and malaria but also to ensure community engagement and health systems strengthening.

The European Commission supported the establishment of the Global Fund and is among its main donors, having disbursed €1.8 billion between 2002 and 2017. In March 2016, the European Commission pledged €475 million to the Global Fund for the period 2017-2019, which is an increase of €105 million as compared to the previous period. The cumulative contribution of the European Commission and of member States accounts for around 50 per cent of the Global Fund financing. Nevertheless, more investments are needed both from donors as domestic resources.

We underscore the need for evidence-based research. Since the 1980s, the European Commission has supported research ranging from basic research to the development and testing of innovative treatments, vaccine and microbicide candidates, new diagnostic tools and the improvement of patient management. Between 2007 and 2013, the European Commission invested more than €175 million in HIV/AIDS under the previous research programme. We continue to support research for the development of innovative or improved tools against HIV, and we have committed more than €115 million. Understanding the mechanism of the disease, novel vaccine candidates, a functional cure for HIV and improving patient empowerment are among the lines of research supported by the current programme. Through those research actions, the European Commission not only contributes to the global research agenda but also strengthens the involvement of relevant stakeholders in the research process, as well as influencing policymaking.

The European Union and its member States fully support the fight against tuberculosis, which is a major comorbidity of AIDS. Combating multidrug-resistant tuberculosis is a key objective at the global level and also an important element of the European One Health Action Plan against Antimicrobial Resistance. The objectives are to make the EU a best-practice region, boosting research, development and innovation and shaping the global agenda. In that context, the European Union welcomes the high-level meeting on tuberculosis, which the United Nations will convene in September this year.

In addition, we stress the importance of prevention as the cornerstone of effective actions towards achieving the SDG targets. We must ensure that adolescents and

young people have access to comprehensive sexuality education and youth-friendly sexual health and HIV services.

Our focus has been on supporting early diagnosis through the encouragement of testing, including community-based testing sites, as well as by promoting greater outreach to vulnerable groups in order to fulfil our common commitment to leaving no one behind. We laud the efforts of the Joint United Nations Programme on HIV/AIDS to refocus on prevention and its launch of the Global HIV Prevention Coalition in 2017.

Finally, it is paramount to end stigmatization in order to safeguard the human rights of people living with HIV.

Ms. Birx (United States of America): The United States commends the Joint United Nations Programme on HIV/AIDS (UNAIDS), the Global Fund to Fight AIDS, Tuberculosis and Malaria, and partner Governments on the tremendous progress outlined in the Secretary-General's implementation report (A/72/815). In addition, the United States applauds the strong statements by the President and the Secretary-General and on behalf of the Group of African States concerning the key gaps that still exist and the barriers that must be overcome.

At the halfway point to the 2020 fast-track goals we set together in 2016, we are closer than ever to controlling this pandemic. What many thought was impossible just a decade ago is now possible through strong partnerships and by being strategic and targeted in our collective approach. To that end, the United States collaborates with partner Governments and the communities that we serve, the private sector, multilateral institutions, civil society and, importantly, faith-based organizations. The United States has ensured that we have strong investments in prevention and treatment — nearly $1 billion annually in prevention, as discussed, including the United States' strong DREAMS programme — our initiative for determined, resilient, empowered, AIDS-free, mentored and safe women — which ensures that young women grow up thriving and HIV-negative.

Working together, we have saved and improved the lives of millions, in fact changing the very course of the pandemic. We have rapidly accelerated our HIV prevention and treatment efforts. To reach the 90-90-90 global targets, the United States President's Emergency Plan for AIDS Relief (PEPFAR) uses data to focus on the geographic areas and populations with the greatest need where we can have the most impact for our investments. The 90-90-90 targets will be reached only when they are attained for every gender, age and at-risk group, including the most neglected and hard-to-reach populations. We now know precisely who we are missing, and we are evolving our programme every day to reach everyone by strengthening the health system at the community and the facility level to welcome everyone. PEPFAR has invested billions in creating and supporting a horizontal health system, albeit through a vertical programme.

The focus of UNAIDS on producing the world's most extensive data collection on HIV epidemiology — AIDS Data, as it is known — continues to be fundamentally important and is our road map to controlling the pandemic. We have concrete targets to meet in order to end the AIDS epidemic by 2030 — Sustainable Development Goal 3 — but we cannot do it without the right data to track our progress, pinpoint our unmet need and effectively and efficiently direct resources for maximum impact. The United States strongly supports UNAIDS and its leadership in combating the HIV/AIDS pandemic.

We appreciate that UNAIDS and its sponsors will dedicate a thematic day during the upcoming UNAIDS Board meeting in June to discuss the joint response needed to end tuberculosis and AIDS. We know that tuberculosis is the leading killer of people living with HIV/AIDS. Yet, as reported by UNAIDS, it is estimated that fewer than 60 per cent of tuberculosis patients were tested for HIV in 2016. We also know that a significant number of HIV-infected patients are not evaluated for tuberculosis. Given the strong association between the two diseases, our Administration, under President Trump, has committed to addressing the two epidemics concurrently in a cost-effective and efficient high-impact manner. This is a critical point as we prepare together for the United Nations high-level meeting on tuberculosis this fall.

The United States commitment to ending the HIV/AIDS epidemic, through the Trump Administration and through bicameral and bipartisan Congressional support, is unwavering. As a global community, we have a historic opportunity — for the first time ever — to control a pandemic without a vaccine or a cure, although we will need those to actually eliminate HIV/AIDS. We are laying the groundwork today for a future where there will not be an HIV virus to contend with. To seize this moment, we must all focus our efforts

on where the burden of HIV/AIDS is the greatest. We must ensure that every man, woman and child we are still missing who do not know their status — in the hardest-hit countries, cities and communities — has the life-saving prevention and treatment services to allow them to survive, thrive and fulfil their dreams.

Mr. Duque Estrada Meyer (Brazil): I would like to make a personal comment. We all know about the commitment of all countries to the fight against AIDS, but it is so sad to see an empty Hall.

It is an honour for Brazil to take part in this debate, in which Member States have the unique opportunity to review and follow up the implementation of General Assembly commitments to the fight against HIV/AIDS in the context of the 2030 Agenda for Sustainable Development. As we reaffirm today the commitments made through the adoption of the 2016 Political Declaration on HIV and AIDS, it is reassuring that we can already see progress regarding the implementation of its 10 targets. Notwithstanding the progress made, the international community needs to remain vigilant and cautious, as there is much to be done in the next few years.

At the outset, my delegation welcomes the Secretary-General's report entitled "Leveraging the AIDS response for United Nations reform and global health" (A/72/815). In the specific area of AIDS, the reforms undertaken by the Secretary-General must be rapidly translated into concrete actions in order to make it possible for us to achieve our main goal of leaving no one behind. In that regard, Brazil fully endorses the Secretary-General's five recommendations, which, if accomplished in a timely manner, will ensure that every person in need can access effective prevention, testing and treatment services, thereby decisively contributing to the eradication of the epidemic by 2030.

As expressed in previous years, for Brazil, an AIDS response must be based on three pillars — promoting the human rights of people infected with HIV, universalizing access to prevention and treatment, and ensuring the availability of the necessary national and international financial resources.

The 2016 United Nations high-level meeting on ending AIDS made history, as it recognized the importance of focusing on key populations. Countries and regions must therefore be able to respond to specific patterns of the epidemic while prioritizing the needs of populations that are at higher risk of infection. Given Brazil's HIV epidemiological profile, which serves to highlight the vulnerability of young people, my country has developed strategies to promote HIV prevention for that segment of the population — mainly young gay people and men who have sex with men. Furthermore, key populations cannot be seen in a passive way, but as fundamental partners in designing and implementing response policies.

Over the past three decades, Brazil has made significant progress in the fight against AIDS thanks to a strong national public-health system that guarantees universal access to treatment and diagnosis. Back in 1996, we adopted a national law that established that free treatment would be made available for all persons infected, which helped create the basis for our national HIV/AIDS programme.

More recently, in 2013 we became the first developing country to adopt the treatment-as-prevention approach, which recommends antiretroviral therapy for all people living with HIV, regardless of their viral load count — a recommendation that was to be endorsed by the World Health Organization two years later. In order to increase access to HIV testing among the populations most affected by the epidemic, the Ministry of Health established a community-based programme in 2014 aimed at developing the capacity of civil-society organizations to conduct rapid HIV testing through a peer-to-peer approach. At the beginning of 2018, in line with modern scientific evidence, the Government of Brazil started to offer pre-exposure prophylaxis on a universal basis in the context of strengthening its combination prevention policies.

Respect for human rights, with an emphasis on eliminating gender inequalities, the ongoing fight against stigma and discrimination and strengthening dialogue and cooperation with civil-society organizations are also pivotal elements of Brazil's national programme that have greatly contributed to its positive outcomes.

As we approach the deadline for implementing the 90-90-90 targets, it is high time to redouble our efforts at both the national and the international levels.

Besides scaling up access to diagnosis, Brazil has increased investment to reduce the gap between HIV diagnosis and treatment. It is estimated that 87 per cent of the people living with HIV in Brazil have been diagnosed. Today, since more than 500,000 people in the country benefit from antiretroviral therapy, we

have achieved the goal of increasing the proportion of those who have received such treatment for at least six months and have a suppressed viral load to more than 90 per cent.

Since the costs involved in universalizing the response are challenging, we must push for a reduction in the cost of therapy. The imperative of public health must always prevail over commercial interests. The full implementation of the flexibilities allowed under the Agreement on Trade-Related Aspects of Intellectual Property Rights, as agreed upon in the Doha Declaration and the World Health Organization Global Strategy and Plan of Action on Public Health, Innovation and Intellectual Property, is a powerful and effective tool for reaching the universal access targets, especially for the most vulnerable groups of society.

For Brazil, ensuring the affordability of medication at fair prices constitutes a human rights priority that has long been of special concern to our country. In that regard, in 2001, Brazil was responsible for presenting at the then Commission on Human Rights a draft resolution on access to medicines in the context of pandemics, with a particular focus on HIV/AIDS. It was the first time that such a nexus had been included in a United Nations resolution.

The role of innovative mechanisms such as the Global Fund to Fight AIDS, Tuberculosis and Malaria, the Global Alliance for Vaccines and Immunization, the Drugs for Neglected Diseases initiative and the International Drug Purchase Facility must also be acknowledged, as they have shown to have a positive impact and have helped to reduce the cost of HIV treatment and, consequently, helped increase the number of people who benefit from such medicines.

Mr. Tevi (Vanuatu), Vice-President, took the Chair.

In the era of the Sustainable Development Goals (SDGs), an isolated HIV response will not succeed. For it to be effective, it must be based on a multisectoral and integrated approach that takes into consideration the multiple linkages between AIDS and its main coinfections and comorbidities, such as hepatitis and tuberculosis.

Given the fact that tuberculosis is the main cause of death among people living with HIV, during the high-level meeting on tuberculosis to be held in September we will have a historic opportunity to galvanize political engagement in ending tuberculosis and, hence, in also moving towards the eradication of the AIDS epidemic. In that context, we would like to call for a careful follow-up of the commitments made at the 2016 high-level meeting on antimicrobial resistance in order to ensure that antimicrobial resistance will not constitute an obstacle to the elimination of AIDS, tuberculosis and other infectious diseases in the upcoming years.

In addition, we also look forward to the high-level meeting of the General Assembly on universal health coverage, to be held in 2019. As one of the cornerstones of the 2030 Agenda on Sustainable Development, achieving universal health coverage will contribute to progress towards achieving the SDGs.

As current Chair of the Foreign Policy and Global Health group, along with the other members of the initiative, Brazil is committed to working to maintain the political momentum of global health debates at the General Assembly, thereby contributing not only to the achievement of the AIDS targets but also to implementing all the health-related SDGs.

The 2030 Agenda and the 2016 Political Declaration on HIV and AIDS: On the Fast Track to Accelerating the Fight against HIV and to Ending the AIDS Epidemic by 2030 provided us with the necessary institutional tools for accelerating an end to the AIDS epidemic. We must therefore take action now so as to scale up the implementation of such commitments. We cannot miss the window of opportunity for seeing a world free of AIDS within our generation.

Mr. Srivihok (Thailand): It is my great pleasure and honour to represent Thailand before the General Assembly today at this annual review of the progress made on the implementation of the 2016 Political Declaration on HIV and AIDS: On the Fast Track to Accelerating the Fight against HIV and to Ending the AIDS Epidemic. As we reach the midway point of the time that we set for meeting the fast-track commitments made by leaders two years ago, Thailand appreciates this opportunity to share an update on where we are and to reaffirm our commitment to redoubling our efforts to achieve that noble goal.

Thailand has been implementing its 2017-2030 national AIDS strategy, which is in line with the target of the 2030 Agenda for Sustainable Development of ending the AIDS epidemic by 2030, to establish high-impact HIV responses through, first and foremost, the achievement of the fast-track commitments. Over time,

we have demonstrated an all-out effort to achieve the 90-90-90 target by the year 2020.

Following the adoption of the Political Declaration in 2016, Thailand made remarkable progress across all 10 fast-track commitments during 2017. Thailand has achieved the first 90-90-90 treatment target, by which 90 per cent of the people living with HIV know their HIV status. The other two 90-90-90 targets, by which 75 per cent of the people who know that they are HIV-positive have access to treatment and 80 per cent of those who receive treatment are virally suppressed, are within reach.

We must give credit to our community-led and people-centred approach, which has helped to expand the coverage of HIV testing throughout the country, such that those who are tested and found to be HIV-positive receive immediate treatment and care.

We do not tackle HIV/AIDS in isolation. Rather, we adopt an integrated approach. For example, tuberculosis and HIV services are provided at one single point of care. Very recently, people living with HIV and people who inject drugs became eligible for screening and treatment for the hepatitis C virus free of charge.

It is two years since Thailand was validated the first country in the Asia-Pacific region to have eliminated mother-to-child transmission of HIV and syphilis. Today we are maintaining and further strengthening our efforts as we continue to reach out to those who are vulnerable or are in vulnerable situations, whether or not they are Thai nationals, including key populations who are at higher risk of being infected with HIV. As a result, the HIV vertical transmission rate has further declined to 1.7 per cent. At that rate we are certain that it will fall to 1 per cent by 2020. However, the goal of achieving a 75 per cent reduction in new HIV infections still remains a challenge for Thailand, although new HIV infections have declined by 56 per cent as compared to eight years ago.

Thailand is committed to making use of innovative technologies and technological advances to deliver high-impact HIV interventions. As such, Thailand is preparing to expand pre-exposure prophylaxis projects in a large number of health facilities nationwide, targeting key populations that are at higher risk of being infected with HIV. On the financing front, investment in that area is front-loaded. The Royal Thai Government also approved, as a priority, an increase in funds to support prevention programmes for key populations, with the critical support and engagement of various civil-society organizations.

Recognizing that stigmatization and discrimination against those living with HIV is a major stumbling block in our efforts to end the AIDS epidemic, Thailand reaffirms its commitment to tackling such issues through more robust education and awareness-raising campaigns.

It is true that the fight against AIDS is not yet over. However, it is our conviction that, together with a strong partnership with civil society, the private sector and, most important, communities and each and every individual themselves, we will win.

Lastly, we need to adopt a whole-of-system and integrated approach to addressing every existing or unknown health challenge. Together with Hungary, as co-facilitator of the universal health coverage process, Thailand will work closely with Member States and other leading partners on the modalities for the high-level meeting on universal health coverage, which will take place next year during the seventy-third session of the General Assembly, to contribute to our effort to create a healthier world for humanity where no one will be left behind.

Mr. Margaryan (Armenia): Armenia welcomes the convening of today's meeting and the report of the Secretary-General entitled "Leveraging the AIDS response for United Nations reform and global health" (A/72/815).

In Armenia, the implementation of the 2016 Political Declaration on HIV and AIDS: On the Fast Track to Accelerating the Fight against HIV and to Ending the AIDS Epidemic by 2030 is supported through the relevant response measures identified in the national programme on HIV/AIDS prevention for 2017-2021, in line with the internationally agreed commitments of the 2030 Agenda for Sustainable Development, the Joint United Nations Programme on HIV/AIDS (UNAIDS) 2016–2021 Strategy, the World Health Organization (WHO) Global Health Sector Strategy on HIV, 2016–2021 and the Action Plan for the Health Sector Response to HIV in the WHO European Region.

The overall goal of the national programme on HIV/AIDS prevention is to develop an effective response to the HIV epidemic for the period from 2017 to 2021 and to define the prerequisites for ending AIDS by 2030. The objectives of the programme include reducing the

number of new HIV infections, including those among key populations at high risk of infection, maintaining the country's validation status for the elimination of mother-to-child transmission of HIV, achieving the UNAIDS 90-90-90 targets, reducing the mortality rates as a result of AIDS and addressing the issues of stigma and discrimination.

Armenia's track record gives us confidence to continue on the path of an effective multisectoral response to the AIDS epidemic, as well as that of HIV prevention and treatment. Armenia has in place today a closely integrated system of services for HIV/AIDS, tuberculosis and maternal and child health, which ensures early diagnosis, the provision of quality health care, the most effective treatment and other medical services for those in need.

The prevention of mother-to-child transmission is an important area of proven progress in Armenia, which has been recognized by the United Nations. In 2016, Armenia was one of only four countries to be validated by the World Health Organization for eliminating mother-to-child transmission of HIV. We see such progress as an important step towards fulfilling the commitment to ending AIDS by 2030. In 2017, the National Center for AIDS Prevention of the Ministry of Health of Armenia received the United Nations Public Service Award in the category entitled "Innovation and Excellence in Delivering Health Services".

While progress has been made, AIDS is still far from over. A decrease in international donor funding continues to pose serious challenges for the HIV response in Eastern Europe. A continued decrease in financing could seriously undermine the sustainability of prevention and treatment programmes in resource-limited countries, thereby posing a major threat to the implementation of the key targets and objectives of the 2016 Political Declaration and the Sustainable Development Goals.

As the Secretary-General mentions in his report, AIDS is not over, but it can be. We believe that that can be achieved through continued commitment, solidarity and support at all levels. We look forward to our further partnership and cooperation with the United Nations agencies, including UNAIDS and WHO, as well as the Global Fund, so as to translate the commitments of the 2016 Political Declaration on HIV/AIDS into action.

Mr. Mulenga (Zambia): At the outset, allow me to thank the President of the General Assembly for convening this second annual meeting to review the implementation of the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV and AIDS: On the Fast Track to Accelerating the Fight against HIV and to Ending the AIDS Epidemic by 2030, adopted in June 2016.

My delegation aligns itself with the statements delivered by the representatives of Kenya, on behalf of the Group of African States, and of Tanzania, on behalf of the Southern African Development Community.

We take note of the report of the Secretary-General and its recommendations, contained in document A/72/815, entitled "Leveraging the AIDS response for United Nations reform and global health".

Since the beginning of the epidemic, Zambia has promoted a robust multisectoral response that has been durable and consistent. We have worked tirelessly towards finding lasting solutions to eliminating HIV and AIDS. We have implemented test-and-treat programmes, activities aimed at preventing mother-to-child transmission, voluntary male medical circumcision and free condom distribution through collaboration and partnerships among the Government of the Republic of Zambia and health institutions, the Church, non-governmental organizations and traditional leaders. As such, we have seen a decline in new infections from 77,500 in 2010 to approximately 46,000 in 2016. Our efforts at the country level have been reinforced by ensuring that HIV remains a priority area in all policy documents. The fast-track targets have been mainstreamed in the national development plan 2017-2021, which is inclusive and leaves no one behind.

In addition, our health strategic plan and the national AIDS strategic framework for the period 2017-2021, along with other substantial policy documents, have ensured that the AIDS response is comprehensive and targets all key populations, with a focus on adolescent girls and young women. More than half the population of our country is under the age of 20, so adolescent health issues are of paramount importance to ensuring a positive outcome for all.

We have made a strong political commitment to fighting against HIV/AIDS. In Zambia, 75 per cent of the estimated 1.2 million people living with HIV know their status, which means that 340,000 individuals who are infected with HIV are still unaware of their status. As a result, the President of the Republic of Zambia, Mr. Edgar Chagwa Lungu, launched an HIV testing,

counselling and treatment campaign in August 2017. Since then, we have seen a 20 per cent testing increase and a rise in the uptake of treatment by 4 per cent, which means that 860,000 people who live with HIV are on antiretroviral therapy.

In addition, on World AIDS Day 2017, the President launched the Lusaka antiretroviral therapy surge campaign to achieve the 90-90-90 targets. At the same time, he also launched a "Know your child's status" campaign for children, in order to accelerate paediatric treatment uptake. In line with the Global HIV Prevention Coalition commitment to reducing new infections by 75 per cent by 2020, the President launched the National HIV Prevention Coalition, under the patronage of the First Lady, to implement an HIV prevention road map for reducing new HIV infections. In that regard, we have been developing and monitoring various activities.

To improve sustainable financing in the health sector, including the AIDS response, and as part of our effort to mobilize domestic resources for universal health care, our Parliament enacted the National Health Insurance Act in April. We appreciate the contributions of donors, including the European Union, which have enabled us to fast-track our response and achieve results. The United States President's Emergency Plan for AIDS Relief and the Global Fund to Fight AIDS, Tuberculosis and Malaria have supported us throughout the period.

A decrease in resources would threaten the rapid scale-up and health outcomes that have been achieved. We call on our partners to continue to reaffirm their global responsibility and maintain their contributions, so as to ensure that we control the HIV epidemic together and by 2030 attain the goal of an AIDS-free generation.

Allow me to highlight some of the achievements that we have made regarding the targets set at the high-level meeting on HIV/AIDS (see A/70/PV.97-102). On the 90-90-90 targets, 75 per cent of people in Zambia know their HIV status, 72 per cent are undergoing treatment, and 89 per cent are virologically suppressed. We have ensured the attainment of 89 per cent national coverage of prevention of mother-to-child transmission, and the rate of transmission from mother to child is less than 5 per cent. We have also started to implement pre-exposure prophylaxis as part of the combination prevention option. Sex education in schools has also increased to cover 9,000 public schools, reaching 1.7 million students in grades four to 11.

The Government remains committed to reducing poverty and vulnerability. To that end, the social protection strategy includes the social cash-transfer programme, which has benefited 700,000 vulnerable households. In addition, the Government has integrated the AIDS response by providing linkages with other services, including those related to tuberculosis, sexual and reproductive health, and non-communicable diseases. Specifically, cervical cancer screening has been scaled up to the national level and, currently, 21.6 per cent of women have been screened.

In conclusion, I wish to reaffirm the commitment of my delegation to the global effort on ending the AIDS epidemic by 2030.

Mr. Gertze (Namibia): Namibia aligns itself with the statement delivered by the Permanent Representative of Tanzania, on behalf of the Southern African Development Community, as well as with the statement delivered by the Permanent Representative of Kenya, on behalf of the Group of African States. My delegation also joins other member States in thanking the President of the General Assembly for having convened this important meeting.

At the outset, I wish to reiterate Namibia's strong commitment to the 2016 Political Declaration on HIV and AIDS: On the Fast Track to Accelerating the Fight against HIV and to Ending the AIDS Epidemic by 2030. To that end, I am pleased to share with the Assembly that Namibia is making good progress in domesticating the Political Declaration through the country's new strategic framework on HIV/AIDS for the five-year period 2018-2022. That framework is linked with the country's fifth national development plan, which, in turn, is linked to the 2030 Agenda for Sustainable Development.

The Government of Namibia has taken the lead in many areas of the fast-track agenda by: first, committing 30 per cent of the HIV response budget to prevention; secondly, delivering on the majority of the Global HIV Prevention Coalition items; and thirdly, prioritizing the combination of prevention pillars in the new national strategic plan on HIV/AIDS.

Engaging the public in the fight against HIV/AIDS is key to eliminating the virus. There is an absolute need for personal commitments if we are to make

any headway. In that regard, Namibia has explored innovative ways of male engagement, the delivery of innovations such as HIV self-testing, pre-exposure prophylaxis and engaging local councils in promoting greater accountability and involvement in the HIV response. The Government also continues to focus on high-impact interventions that reduce new HIV infections and mortality. I could not agree more with Secretary-General Guterres in his strong conviction that prevention is critical to our collective fight to eradicate and end the HIV/AIDS epidemic.

In the Namibia national strategic framework for HIV, we follow a two-pronged approach that includes prevention strategies and treatment strategies. Among the prevention strategies are the introduction and scaling up of voluntary medical male circumcision. We also continue to provide free condoms, and we are committed to increasing distribution channels. Namibia will continue to advocate for an increased uptake of prevention and treatment services.

We remain focused on identifying those among the population who are at a high risk of being left behind. There is a need for us to design interventions that address problems specific to those populations, for example adolescent girls and young women.

We have prioritized pre-exposure prophylaxis as one of the key prevention approaches in the new national strategic framework for 2017-2022. Any person with a substantial risk of contracting the HIV infection can access pre-exposure prophylaxis at public health facilities. The programme focuses on high-risk population groups, such as discordant couples, female sex workers and men who have sex with men. It is essential that we ensure that the structural barriers hampering access to HIV prevention treatment services for specific community groups who cannot readily access HIV services are removed.

Namibia also wishes to highlight the importance of focusing on the prevention, diagnosis and treatment of sexually transmitted infections. Our treatment strategies include treating all patients who are HIV-positive. We have rolled out that treatment campaign at the national level since 2017, and it is in line with the recommendations of the 2016 Political Declaration for ending AIDS by 2030.

We strongly believe that the decentralization of HIV services through nurse-initiated management of antiretroviral treatments is essential, and we are committed to the ongoing promotion of the new programme in our country. Differentiated care models, such as community-based antiretroviral treatment and community adherence clubs, are now also promoted in our country and are making a positive contribution. Scaling up cost-effective testing services such as index partner testing is being given high priority in Namibia.

Our next steps for 2020 include the restructuring of the Ministry of Health, now under way, which will improve coordination, the effective use of staff and an improved implementation of services, ensuring that HIV is integrated into the entire health system and taken out of isolation.

We believe that public-private partnership plans and policies will also further bolster linkages of health within the Namibian economy and engage non-traditional partners in the response. Namibia is on track to reach the 90-90-90 Joint United Nations Programme on HIV/AIDS (UNAIDS) targets. By the end of this year, Namibia will further deliver on the fast-track targets through developing and implementing a road map on the elimination of mother-to-child transmission of HIV, including subnational plans, and by increasing synergies with social protection and legal and policy systems to create a more enabled environment to deliver the HIV response.

In conclusion, Namibia remains committed to the 2016 HIV Political Declaration. We continue to work with all bilateral partners, particularly UNAIDS, and we call on the global community to fully implement the Political Declaration so that we are able to eliminate AIDS by 2030.

Mr. García Moritán (Argentina) (*spoke in Spanish*): Two years after the adoption of the Political Declaration on HIV and AIDS: On the Fast Track to Accelerating the Fight against HIV and to Ending the AIDS Epidemic by 2030, under which States reaffirmed their commitment, as reflected in the 2030 Agenda for Sustainable Development, to accelerating the fight against HIV and ending the AIDS epidemic by 2030, as well as the implementation of the Joint United Nations Programme on HIV/AIDS (UNAIDS) strategy 2016-2021 and the achievement of the 90-90-90 treatment targets by 2020, we are halfway there and have the opportunity to take stock of our achievements and remaining challenges.

As detailed in the report of the Secretary-General (A/72/815), since 2016 important gains have been

made in the context of the 10 commitments made in the Political Declaration in terms of access to adequate treatment and a reduction in mortality. However, the challenges remain, and much remains to be done. We must not dwell on the achievements made; rather, we must focus on the path that our countries must follow in order to reach the final goal.

States made a commitment to end the AIDS epidemic in Sustainable Development Goal 3, reflecting the overarching principle of leaving no one behind. That principle must be the fundamental premise for addressing the pending challenges: stigmatization, discrimination and other social or gender barriers that hinder effective access to HIV prevention services, treatment and assistance.

We believe that States must work to ensure that their resources reach more and more people and that those people are able to benefit from the policies adopted. To that end, it is essential to implement a human rights and gender approach to end AIDS as a threat to public health while reaffirming the dignity of persons living with HIV or who are vulnerable to the epidemic. In that regard, our future objective is eliminating discrimination and stigma, facilitating accessibility to services, improving the quality of medical care and increasing the participation of people with HIV/AIDS in decision-making.

Argentina will continue to support the full implementation of the UNAIDS strategy 2016-2021, as well as the achievement of the 90-90-90 treatment targets by 2020. To that end, we as member States pledge to increase and concentrate investments on the initial stages of the national response to AIDS and to significantly expand the coverage of HIV-related services. To achieve such commitments, we must generate more resources, strengthen technical cooperation among States and international organizations, and develop strategic partnerships such as the one within the framework of UNAIDS.

Moreover, we believe that health policies must recognize the vulnerability of certain population groups to HIV/AIDS. In that regard, the specific cases of women, children, adolescents and young people must be considered, including key populations facing the HIV/AIDS epidemic that are especially vulnerable not only to the virus itself, but also to multiple forms of discrimination, stigmatization, violence and exclusion.

To conclude, we once again reiterate our strong support for the work of UNAIDS and the full implementation of its programmes and strategies, and we call for it to be provided with all the resources necessary to enable it to carry out its mandate in pursuit of the final goal of ending the HIV/AIDS epidemic by 2030. The international community is firmly committed to the fight against HIV, and we call for increased efforts to ensure a future in which the HIV/AIDS epidemic has been defeated.

Mrs. Rodríguez Camejo (Cuba) (*spoke in Spanish*): We are grateful for the report (A/72/815) submitted by the Secretary-General on the subject at hand. As the document reflects, progress has been made in the fight against HIV/AIDS since 2001. However, opportunities for accessing health services remain unequal. In that regard, in order to progress and to successfully address HIV/AIDS, a deep-seated reform of the current international order and the promotion of a true spirit of cooperation and solidarity are required.

Dr. Carissa Etienne, Director of the Pan American Health Organization, once said:

> "Each country must find its own way to achieve universal health coverage, based on its particular historical, social and economic background, while promoting broad social dialogue".

That is exactly what we in Cuba have done since implementing our national programme for the prevention and control of HIV/AIDS more than three decades ago, thereby ensuring effective prevention, diagnosis and treatment. The programme has been expanded and kept up to date, in line with changes in the criteria recommended by the World Health Organization and the Joint United Nations Programme on HIV/AIDS. The Cuban HIV/AIDS response strategy, like our entire health-care system, is founded on the principle that health is a basic human right, and on a comprehensive approach, with a biotechnology capacity that has enabled us to research and develop generic medicines and a highly educated citizenry that trusts its national public-health system. We also have an extensive sex education programme that covers all population groups; anonymous, free testing for all who request it; free antiretroviral treatment; a wide range of counselling, evaluative and support services for patients; the active involvement of civil society in preventive activities; and the participation of people

with HIV in the design, implementation and evaluation of those programmes.

The results are there for all to see. In 2015, Cuba was certified by the World Health Organization as the first country in the world to eliminate mother-to-child transmission of HIV; the percentage of the population aged between 15 and 49 with HIV/AIDS is well below 1 per cent; and we have made sustained progress in raising awareness in our society on eliminating all forms of discrimination related to gender, sexual orientation, gender identity or HIV status. In short, the Cuban experience has shown that the will of a Government, together with an integral and participative approach, can have a positive impact on HIV prevention, as well as providing a dignified life for people with HIV/AIDS, even when, as in our case, we have had to deal with the adverse effects of an unjust international order, compounded by the economic, commercial and financial blockade imposed on my country by the United States that continues in full force and has led to considerable material deficiencies in our public health sector.

The full exercise of the right to education and health is essential to ending this epidemic. We must foster international cooperation with a view to strengthening primary health-care services and promotion and prevention activities in the countries most in need. Cuba reaffirms its willingness and availability to cooperate with countries in need, on the basis of our experience and achievements, and we renew our political commitment to help accelerate the global response to HIV/AIDS.

Mr. Kononuchenko (Russian Federation) (*spoke in Russian*): We thank the Secretary-General for his comprehensive report (A/72/815) on measures to intensify cooperation in order to counter the spread of HIV and provide social and medical support to those living with the virus.

The Russian Federation is firmly committed to the goals and principles of the 2016 Political Declaration on HIV and AIDS, and we consider it an important tool for mobilizing international efforts to fight the infection. We share the report's assessment of the progress that has been made at the halfway point to the 2020 fast-track commitments for eradicating the epidemic. We welcome the latest results in countering the spread of the epidemic, including in scaling up testing and antiretroviral therapy and reducing vertical transmission of HIV from mother to child, and we note the gradual decrease in the number of new cases of infection. We support the belief in the importance of ensuring patients' access to social protection and services at the local level and increasing funding for such measures. The recommendations aimed at achieving the 90-90-90 targets and preventing related infections and diseases are as relevant as ever.

We also believe that the treatment and prevention of HIV/AIDS should take an approach that focuses on specific geographical areas, countries and population groups, which is an integral part of the successful fight against HIV. However, we have also noted the comments on the need to eliminate social, economic and cultural barriers that in some cases may prevent patients from accessing medical services. While of course we believe that with regard to this issue the rights of all individuals must be taken into account, it is also important to maintain strict respect for each country's unique religious and cultural situation and comply with its national legislation, as the 2016 Political Declaration affirms.

We read with interest the data on the use of combination prevention, including the controversial and not universally recognized practice of harm reduction. The statistics in the report directly link needle-syringe exchange programmes and the use of opioid substitution therapy to a reduction in the number of cases of HIV. Conclusions are drawn about their effectiveness in solving problems of drug use and drug-related crime. In that regard, we would like to see scientifically reliable information about how the distribution of prohibited substances by a State can prevent drug use. We believe that the key task for public health is not just reducing drug-related harm, but also totally eliminating the use of drugs for non-medical purposes. In our view, treating opioid dependence by replacing one drug with another fundamentally contradicts scientific approaches to preventing and treating drug addiction.

In the section on equipping young people with the skills and knowledge to protect themselves from the virus, the emphasis is on expanding access to sexual and reproductive health services. While we certainly believe that it is vital to create an environment where young people feel able and willing to seek help, it appears that the preventive aspect of HIV is not fully covered. It is important to pay greater attention to preventing high-risk behaviour and not to limit combating the spread of the virus to medical measures but to cultivate a more

responsible attitude among the population towards their health in general.

We support an integrated approach to addressing the issue of combating the epidemic alongside other diseases. According to official estimates, people living with HIV are between 20 and 37 times more likely to contract tuberculosis than healthy individuals. We hope that this aspect will be reflected in the outcome document of the United Nations high-level meeting on the fight against tuberculosis, on 26 September.

The Russian Federation considers the fight against this epidemic at both the national and global levels to be extremely important. We are implementing a Government strategy for countering the spread of HIV, with a comprehensive approach to providing medical assistance to HIV-positive people. We are introducing technology for social adaptation and rehabilitation, as well as measures for social support, and we are conducting a widespread information campaign. In 2017 34 million of our citizens, an unprecedented number, were tested for HIV. Russians are provided with the entire series of measures for combating HIV, including preventive steps and medicines, at no cost. In 2017 320,000 patients received antiretroviral therapy. With a view to creating a social environment that does not discriminate against HIV-positive people, we are considering making changes to the list of diseases that are grounds for being forbidden to adopt or foster children.

One important result that the Russian Federation has achieved is effectively halting vertical transmission of HIV from mother to child. We have reached the 90-90-90 strategy indicators for our child population. With the support of the Russian Government, the sixth international conference on HIV/AIDS in Eastern Europe and Central Asia was held in Moscow in April. The forum is a key platform for developing cooperation and exchanging experience in this field among the countries of the region. The discussion focused on four areas: science and medicine, the promotion of international development, effective prevention and the involvement of civil society. As a result, we adopted a declaration that reaffirms our commitment to the Sustainable Development Goals, specifically the Goal of ending the AIDS epidemic by 2030.

Ms. Blais (Canada): Canada is proud of the momentum that the fast-track approach and the 2016 Political Declaration on HIV and AIDS have created. However, 2020 is at our doorstep, and we are concerned about the significant gaps that remain in meeting the global targets. We welcome the report of the Secretary-General (A/72/815), and we are grateful for its recommendations aimed at accelerating progress. In particular, we share the view that we must further intensify our efforts to protect and promote human rights and gender equality. That is why Canada has launched its first feminist international assistance policy, which we are now putting into action. It focuses on the poorest and most vulnerable women, particularly women in fragile and conflict-affected settings. Putting the human rights of women and girls at the centre of what we do is essential to ending AIDS.

Our goal is to reach the hardest-to-reach groups with the HIV prevention, treatment and care that they need and deserve. That includes working on several fronts towards ending the stigma and discrimination faced by vulnerable and marginalized groups such as lesbian, gay, bisexual, transgender and intersex persons, as well as ethnic minorities, indigenous peoples and intravenous drug users.

Similarly, we share the concern highlighted in the Secretary-General's report that many young people lack the knowledge and skills necessary to prevent HIV infection and that as a result, significant numbers are completely unaware of their HIV status. That is unacceptable. In Canada, we also recognize the importance of ensuring that young people have access to health information to prevent infections, and we are committed to supporting their access to knowledge about HIV and sexually transmitted infections, prevention, testing, treatment and care. At the recent Group of Seven summit, under the leadership of Prime Minister Trudeau, Ministers agreed that their investments in helping adolescent girls must be holistic, multisectoral, integrated and take an intersectional approach. Many participants highlighted the importance of ensuring that the needs of adolescents are fully integrated into national policies and that they can access youth-friendly services. As we all know, when young people are empowered with knowledge and skills related to their sexual health, they are more likely to seek HIV testing and start treatment earlier on.

We share the view that the upcoming 2018 high-level meeting on the fight against tuberculosis (TB) this autumn represents an effective platform and a tremendous opportunity to focus international attention on the need to accelerate progress on tuberculosis,

including by strengthening integrated TB and HIV responses in order to end both epidemics by 2030. For Canada, addressing the gender dimensions of TB is critical, and we want to tailor our approaches. We must also recognize that in order to end TB by 2030, it is essential to use science-based evidence to guide our actions and investments. Canada supports the development of a multisectoral accountability framework based on an independent, constructive and positive review of progress, especially in high-burden countries.

(*spoke in French*)

In conclusion, we are committed to achieving the global goal of ending AIDS, viral hepatitis and sexually transmitted infections by 2030. We support the Joint United Nations Programme on HIV/AIDS and the efforts made so far to strengthen the current operational model. We will continue to turn to the Joint United Nations Programme to promote accountability for the results of a human rights-based epidemic strategy and to guide us on the road towards ending AIDS by 2030.

Mr. Sparber (Liechtenstein): The fight against HIV/AIDS is a showcase for the impact that the international community can have if we all join forces. However, it is also a reminder of how fragile progress can be if we fall back into complacency or waver in walking the last mile. It is therefore extremely important that the General Assembly regularly discuss and readjust its policies in this area. For more than three decades, the HIV/AIDS epidemic has caused immense human suffering across the globe, with devastating effects on those affected and on their communities. Yet while a lot remains to be done, ending the epidemic by 2030, as agreed in the Sustainable Development Goals, is possible. At the halfway point of our 2016 fast-track commitments, the Secretary-General's report (A/72/815) cites very welcome progress. We should use that momentum to make sure that we deliver on our promise collectively and comprehensively.

We have known for a long time that HIV/AIDS is not only a public-health issue, but also has an important sustainable development and human rights dimension. It is encouraging that a number of countries have taken positive steps to destigmatize people affected by HIV/AIDS, for example by protecting the rights of marginalized populations and prohibiting discrimination on the basis of HIV/AIDS status. At the same time, we are alarmed by the ongoing legal and de facto discrimination in many countries. The fact that homosexuality is still criminalized in almost 60 countries remains a key obstacle to effectively addressing the epidemic. People at a higher risk of HIV infection, including drug injectors, sex workers, prisoners, transgender people and men who have sex with men, continue to suffer from stigmatization, which often prevents them from fully enjoying their fundamental freedoms and human rights, above all, the right to health.

A comprehensive and sustainable response to HIV/AIDS must be based on the recognition of all fundamental elements of HIV risks and vulnerabilities. Gender inequality and harmful gender norms contribute to an unacceptably high risk for HIV infection of women and girls. Their particular situations must therefore be at the focus of our response. Granting women and girls access to sexual and reproductive health services is successful in preventing HIV/AIDS and has, as a matter of fact, significantly helped to eliminate mother-to-child transmission. However, neither the recognition of women's rights nor the availability of women's health services is universal; their disenfranchisement and marginalization continues to happen even though we know better, and we have a collective moral responsibility to stop that.

The Secretary-General's report contains encouraging data on our efforts to reach the 90-90-90 targets. Seventy per cent of people living with HIV globally know their HIV status; 77 per cent of them are accessing antiretroviral therapy, and 82 per cent of that number have suppressed viral loads. Nevertheless, important gaps in the area of HIV testing and treatment remain that need to be addressed, as progress on reducing HIV infections has slowed.

In addition, our commitments need to be more consistently translated into investment and action on the ground. Financing is falling significantly short compared with our 2016 commitments. Innovative tools and strategies, such as community-based HIV testing models, HIV self-testing and viral load testing, continue to be underutilized. Moreover, more needs to be done to ensure that young people have the necessary skills, knowledge and capacity to protect themselves from HIV. That is where we need to focus our attention in order to bring us onto the path towards achieving our targets collectively and comprehensively.

To conclude, let me express our full support for the recommendations of the Secretary-General and commend his staff for their tireless work to translate the 2016 Political Declaration on HIV and AIDS: On the Fast Track to Accelerating the Fight against HIV and to Ending the AIDS Epidemic by 2030, the 2030 Agenda for Sustainable Development and other important agreements into reality. Liechtenstein remains committed to this endeavour, both politically and financially. We will continue to support HIV/AIDS-related projects through the Global Fund to Fight AIDS, Tuberculosis and Malaria and others, with a priority on prevention. By investing in prevention, we have the best chance of creating sustainable results in the long run.

Ms. Cohen (Australia): Each year, we gather at this event to reflect on our 37-year campaign to end HIV/AIDS. This year, Australia welcomes the gains that we have made across many of the 2020 fast-track targets. Approximately 21 million people living with HIV are on antiretroviral therapy. This scale-up has directly led to a decline in AIDS-related deaths by 48 per cent since the peak, in 2005. In my region, Asia and the Pacific, new HIV infections declined by 13 per cent between 2010 and 2016.

The 2016 Political Declaration on HIV and AIDS: On the Fast Track to Accelerating the Fight against HIV and to Ending the AIDS Epidemic by 2030 placed human rights at the core of the global HIV response. It recognized the need to empower women and girls through comprehensive sexuality education, universal access to sexual and reproductive health and rights, and the elimination of gender-based violence. It also recognized the need for a continued emphasis on those who are at the greatest risk of contracting HIV, based on epidemiological evidence. Moreover, it recognized that ending stigma and discrimination and resisting criminalization was the only way to bring people out of the shadows to fulfil their right to access prevention, diagnosis and treatment.

In 2016, Australia was satisfied that the Declaration represented a significant step forward from its 2011 predecessor. However, at that time we stated plainly that the Declaration outlined the minimum needed to end the HIV epidemic. We are at risk of losing those hard-won gains. The current rate of decline is too slow to reach the global targets. We are particularly concerned that it is becoming more and more difficult to reach consensus on the issues of sexual and reproductive health and rights and ending the stigmatization of and discrimination against marginalized populations. Those issues are at the very heart of an effective HIV response.

We cannot meet the targets without compassion, understanding, respect and partnership with key populations, not just because it is the decent thing to do, but because it is proven to be the most effective approach to tackling the epidemic. We also need to address the structural drivers of the epidemic through a comprehensive approach, anchored in primary prevention, universal health coverage and equal access to health services.

That integrated approach to health is vital and has driven a decline in tuberculosis-related deaths among people living with HIV. This year, the States Members of the United Nations will consider a range of health-related resolutions, including on tuberculosis, non-communicable diseases and universal health coverage. They are inextricably linked and if we do not view them through the prism of building strong health systems with access for all, we will fail to meet the expectations of the communities we serve.

The Joint United Nations Programme on HIV/AIDS (UNAIDS) has a vital role to play in convening and propelling the global AIDS response, and we acknowledge its important work. We thank the UNAIDS secretariat for its efforts to address UNAIDS' funding shortfall and sharpen its resource mobilization through the Joint Programme action plan, and we look forward to receiving information about how UNAIDS is engaging and aligning its work with the broader United Nations development system reform process.

Mr. Gimenez (Norway): Looking back to the years after the turn of the millennium, we have good reason to celebrate our success in the field of HIV/AIDS. HIV treatment has provided life and hope to millions of individuals and their families.When people are kept healthy and can support themselves and their families, this has great ripple effects for local communities and societies as a whole.

Over the past 15 years, we have seen a decline in AIDS-related deaths, particularly in the regions most affected, eastern and southern Africa. The steady decrease in mother-to-child infection and the subsequent reduction in child mortality is perhaps the biggest success of them all, as those figures have been halved in just six years. In other words, most of the

decline in the number of new infections and deaths can be attributed to the decline in new infections among children, linked specifically to the successful treatment of pregnant women. At the same time, the death toll is increasing in Eastern Europe, Central Asia, the Middle East and North Africa. The epidemic continues its spread in most regions outside sub-Saharan Africa, alarmingly so in Eastern Europe and Central Asia.

The rationale for a renewed focus on prevention is therefore strong, and Norway welcomes the establishment of the Global HIV Prevention Coalition. The Coalition and its partner countries are adding important high-level political commitments, coordination and oversight of essential prevention efforts at the regional and national levels. We welcome the Prevention Coalition's efforts to address the sensitive and challenging issues that need to be tackled in order for us to succeed in fighting HIV effectively.

We know that treatment is costly, and we need to step up prevention efforts so as to avoid new infections. We also know that there are two distinct patterns of risk profiles. In high-prevalence settings, young women have the highest risk, while in lower-prevalence settings, most of the persons infected belong to what we call key populations. In all cases, these groups lack a range of services and find themselves in unfavourable positions, with limited power to minimize risk behaviour and get access to information and services.

HIV should not and cannot be tackled in isolation; our response must be holistic and be addressed with consideration for the need for services of the people affected. In relation to HIV prevention, we are essentially talking about access to sexual and reproductive health services, and harm-reduction services. These topics are, unfortunately, quite sensitive, and that is also a major reason why the world still has seen only limited success in HIV prevention. Prevention is also about inclusion and partnerships. Building partnerships and trust with the populations affected and giving them a key role in the work of prevention is crucial in order to achieve results.

I would like to focus on two groups: first, adolescents, particularly girls and young women; and, secondly, people who use drugs. Research shows that young people who have good knowledge about sexuality tend to postpone their sexual debut. Knowledge leads to more responsible decisions and grants people options and choices for their lives. Providing young people with sexuality education is therefore an important way to prevent HIV and other sexually transmitted infections. At the same time, it also prevents early and unwanted pregnancies and may secure educational opportunities for young people.

That is why Norway supports the rolling out of comprehensive sexuality education in the world, and we commend UNESCO, the United Nations Population Fund and other partners that have produced good-guidance documents on the topic, which we encourage countries to follow.

The principle of reducing harm is a good ethical principle that is important for prevention. Even if a particular behaviour is not encouraged by society, it is important for society, the individual and the family to avoid harm to people. This argument jusitifies providing condoms and taking other measures to avoid sexual infections even if society would prefer that young people refrain from having sexual relations. The same logic applies to sharing hypodermic needles, even though the practice of injecting drugs is illegal in most countries. The extra harm of acquiring HIV is not helpful to anyone and should be avoided.

Let me conclude by giving an example from my own country, Norway. In many ways, HIV initiated a paradigm shift in social and health policy in Norway, as it has in many countries around the world. While injecting drugs was seen as a very negative behaviour to be curtailed, there was also a realization that it served no one for a drug user to also get HIV — not the health system or society at large. In other words, both public-health concerns and concerns for the individual led to major HIV-prevention initiatives containing harm-reduction measures — first and foremost, access to clean needles, and, later, oral substitution therapy. More and more services have since been developed and added.

Norway also chose to follow the principle of the involvement and empowerment of the persons and groups most affected. As one substance-use expert put it, marginalized and stigmatized persons are not in a position to think about risk or consider risk reduction. Only meaningful inclusion and empowerment can increase the ability to protect oneself and others.

We know that drug-driven HIV epidemics continue to rise and that we are nowhere near the goal of ending HIV among people who use drugs. We in Norway have had only seven or eight new HIV infections in these

groups per year. Indeed, Norwegian drug users have demonstrated that they could change their behaviour and participate actively in reducing the harm of drug use. Other countries have had similar experiences, noting that the principle of harm reduction, combined with inclusion and empowerment strategies, leads to good results.

Fifteen years ago, the global community decided to take the bold step of rolling out HIV treatment. It was a real challenge and there were many sceptical voices, but overall, the results are encouraging. However, we are not finished; we need to continue to be bold and courageous and take the prevention challenge seriously so that we may reach the global targets we have set together.

Mr. Gonzalez (Colombia) (*spoke in Spanish*): Colombia is grateful for the convening of this debate and thanks the Secretary-General for his report (A/72/815) and its invaluable recommendations.

This meeting comes two years after the adoption of the 2016 Political Declaration on HIV and AIDS: On the Fast Track to Accelerating the Fight against HIV and to Ending the AIDS Epidemic by 2030, whose goal was to accelerate the response to HIV and set the course for ending the AIDS epidemic by 2030, as part of the commitments made by States with the adoption of the 2030 Agenda for Sustainable Development.

Colombia is aware of the great challenges that remain in the global fight against this epidemic. AIDS remains a public health and development issue, and requires strong political commitment, significant international cooperation and sustained action.

It is gratifying to know that the Secretary-General's assessment indicates that the eradication of AIDS as a public health threat by 2030 is a goal within our reach. However, the report itself makes an unequivocal appeal; the slow rate of progress in reducing new infections highlights the shortcomings and problems that we must address in order to achieve our ultimate goal.

It therefore seems important to recall our commitments and to carefully consider the Secretary-General's recommendations. First, we must undertake a campaign to scale up HIV detection and achieve the 90-90-90 targets related to 2020 targets for knowledge, diagnosis and therapy. Secondly, the high-level meeting of the General Assembly on tuberculosis — the first in the history of the Assembly — to be held in September offers a historic opportunity to intensify efforts to end tuberculosis and other associated infections and will also serve as a platform to accelerate the response to tuberculosis, including HIV-related tuberculosis. Thirdly, we must safeguard human rights and promote gender equality by using people-centred service delivery models and supportive legal and policy frameworks.

The actions undertaken by Colombia have been approached from a rights-based perspective so as to promote respect for human rights within the community. Hence, our country recognizes that sexual and reproductive rights are inviolable human rights that must be recognized, promoted and protected for all people without any kind of discrimination.

Finally, it must be recognized that the fight against this epidemic presents major challenges for States, particularly in financial terms, and that resources for public health are scarce and compete with other priorities. Innovative international cooperation strategies are essential in order to accelerate progress in the global response to HIV, including the transfer and dissemination of technology on favourable terms, including concessions and preferential terms for developing countries.

We are convinced that we still have a lot of work ahead of us, at both the national and international levels. That is why Colombia today reaffirms its political commitment to the fight against HIV/AIDS, with a view to eliminating the epidemic by 2030.

Mr. Arrocha Ruíz (Panama) (*spoke in Spanish*): Two years after the adoption of resolution 70/266, entitled "Political Declaration on HIV and AIDS: On the Fast Track to Accelerating the Fight against HIV and to Ending the AIDS Epidemic by 2030", by which we proposed a road map aligned with the 2030 Agenda for Sustainable Development, we can say that without a doubt we have made progress. Panama is fully committed to the Declaration and to the global actions taken in favour of human rights and zero discrimination and stigma, with the aim of ensuring that all people live in conditions of respect and dignity.

The country's commitment to ending this public-health threat has extended throughout the region and world since 2015, when the First Lady of the Republic of Panama, the Honourable Lorena Castillo de Varela, was appointed Joint United Nations Programme on HIV/AIDS (UNAIDS) Special Ambassador for AIDS in Latin America. In that role, she has, as the Global

Spokesperson for the Zero Discrimination Movement, spearheaded major efforts and become a prominent voice for inclusion and respect.

We welcome the Secretary-General's report (A/72/815) entitled "Leveraging the AIDS response for United Nations reform and global health". It puts into perspective the significant strides made in fulfilling the commitments to reduce the number of AIDS deaths and improve access to treatment, and it underlines the challenges posed by HIV to achieving the 90-90-90 targets, a commitment that my country maintains at the highest political level.

As part of our national efforts, we founded a commission for the prevention and control of the human immunodeficiency virus, a forum in which public institutions, civil society and cooperating agencies have created synergies to assist the affected population and those at risk, because we believe in the value of collective efforts to achieve the accelerated-action approach. Moreover, we have created awareness-raising campaigns, such as Tests that Save Lives and on zero discrimination, that strive to inform the public of the importance of getting tested — something that is also offered free of cost with a view to reducing the rate of transmission and death.

As the Secretary-General's report notes, the elimination of mother-to-child transmission of human immunodeficiency virus remains an achievable goal. It is with that in mind that we have launched an initiative entitled "The best test of your love", which aims to contribute to the elimination of mother-to-child transmission of HIV. Furthermore, given that the Office of the First Lady emphasizes the importance of women assuming leadership roles in order to ensure the development of programmes and policies that meet their needs in the response to HIV, the mobile clinic programme "Love on Wheels" is also being promoted, with a view to preventing and making timely diagnoses of HIV and breast cancer in hard-to-reach rural areas and in the most remote and vulnerable indigenous communities of the country.

As I am aware of the tragic and incalculable price that humankind and society have had to pay for this pandemic, I cannot forgo saying that beyond the goal of ending AIDS — meaning the complete eradication of the human immunodeficiency virus, which causes AIDS — must be the higher goal of our efforts. I am honoured that our delegation today includes Dr. Adán Ríos, an internationally renowned Panamanian oncologist, who has devoted tremendous efforts to the development of a preventive inactivated vaccine against HIV, emulating past efforts with respect to other infectious diseases such as measles and polio.

The global struggle against that scourge inspires us. To that end, and motivated by the possibility of kick-starting additional efforts to save lives, Panama would like to bring to the attention of the Assembly the proposed "Manhattan Project", a collective and collaborative effort in which all States would contribute to promoting the development of a preventive HIV vaccine. Today it is within our power to make a difference, and future generations will remember the moment when men and women joined forces under the umbrella of the United Nations, pooling their talent, ingenuity and scientific and human efforts in order to achieve that lofty goal.

Panama is firmly committed to accelerating the response to HIV in order to achieve the fast-track 90-90-90 targets and zero discrimination by 2020, as set forth in the Political Declaration, and we are making progress in that direction. In those efforts, UNAIDS is, and will continue to be, a strategic ally of my country, and we recognize the value of its collaboration.

In conclusion, it is imperative, now more than ever, that we be the change we wish to see.

Mr. Lauber (Switzerland): Allow me to begin by echoing the sentiments expressed by our colleague from Brazil this morning, as well as my hope that the rather low attendance at this morning's meeting does not reflect on our common effort to implement our common strategy to end the HIV/AIDS epidemic by 2030. We clearly need to do better and focus our efforts and engagement if we want to succeed with the fast-track strategy that we adopted two years ago in resolution 70/266 and end the epidemic by 2030, as promised.

(*spoke in French*)

Let me express our appreciation for the concise and analytical report of the Secretary-General (A/72/815). The recommendations, which we fully support, provide clear guidance on what the focus of the AIDS response needs to be. However, despite the commendable efforts and important progress made to date, we cannot but acknowledge that the implementation of the fast-track approach has not yet reached the level and pace required

to end the epidemic of AIDS as a public health threat by 2030.

Unlike in the situation 20 years ago, the knowledge and tools are available today to end the epidemic. It is therefore high time to fast-track a combination approach to prevention and create access to testing and treatment, and it is equally vital to strengthen human rights and gender equality. In that regard, we wish to underline that the fast-track approach must be undertaken in a way that reduces existing inequalities and ensures that no one is left behind.

Information and services must reach the most vulnerable populations, including women and girls, people who use injectable drugs, men who engage in sex with men, and other key populations, and their rights must be respected and safeguarded. We are particularly concerned at the fact that the level of support for civil-society partners is diminishing rather than increasing, as had been intended in the Political Declaration on HIV and AIDS: On the Fast-Track to Accelerating the Fight against HIV and to Ending the AIDS Epidemic by 2030, even though they are on the front lines in the fight against HIV.

We encourage the United Nations to continue, through the Joint United Nations Programme on HIV/AIDS (UNAIDS), its multisectoral approach to the fight against AIDS and to guide the work of the entire United Nations system and its partners. Similarly, we encourage the H6 partnership — UNAIDS, UNICEF, the United Nations Population Fund, the United Nations Entity for Gender Equality and the Empowerment of Women, the World Health Organization and the World Bank — to ensure that the HIV/AIDS issue is systematically included in general discussions on health, as it is in those on universal health coverage.

Ms. Turner (Jamaica): The Government of Jamaica reiterates its commitment to the Political Declarations related to HIV/AIDS and their effective implementation towards meeting Sustainable Development Goal 3, specifically target 3.3, to end the AIDS epidemic by 2030.

My delegation recalls the most recent commitment made by our Heads of State in this Assembly Hall in 2016, on the fast track to accelerating the fight against HIV and to ending the AIDS epidemic by 2030. We welcome the opportunity, at this halfway juncture, to share the progress achieved in the national context in attaining the 10 2020 fast-track commitments.

In that regard, we thank the Secretary-General for his report (A/72/815) and note the recommendations therein to support Member States' efforts to reduce AIDS-related deaths to fewer than 500,000 globally, reduce new HIV infections to fewer than 500,000 globally and eliminate HIV-related stigmatization and discrimination — all by 2020.

Since 1982, 35,904 persons in Jamaica have been diagnosed with HIV, 72.6 per cent of whom are still alive. At the end of 2016, an estimated 30,000 persons were estimated to be living with HIV in Jamaica, at a prevalence rate of 1.7 per cent. However, higher prevalence rates are recorded for at-risk groups such as commercial sex workers, inmates and homeless persons.

The accelerated fast-track approach is a valuable tool in achieving the 90-90-90 targets: that by 2020 90 per cent of people living with HIV will know their HIV status, 90 per cent of people who know their status will be receiving treatment and 90 per cent of people on HIV treatment will have a suppressed viral load, so that their immune system remains strong and the likelihood of their infection being passed on is greatly reduced.

Jamaica has recorded progress towards those goals in the following focus areas. Four out of every five persons living with HIV in Jamaica — 88 per cent — know their status. That is the highest percentage in the English-speaking Caribbean and close to the 90 per cent target. This is a strong achievement for the country given that in 2010 epidemiological data indicated that only half of those infected with HIV were aware of their status. That success is attributable to the range of testing options that have been made available, including community outreach approaches, provider-initiated testing and focused services for key populations.

Additionally, the AIDS mortality rate declined from 25 deaths per 100,000 people in 2004 to just over 13 deaths per 100,000 people in 2016, representing a 48 per cent decrease since the inception of universal access to antiretroviral drugs in 2004. Moreover, the mother-to-child transmission rate continued to decline in the three-year period from 2014 to 2016, with 2 per cent of babies being infected with HIV in 2014 and 1 per cent in 2016.

Even as we acknowledge those strides, we remain mindful of and focused on tackling the remaining challenges. In 2016, 2,015 newly diagnosed cases were reported to the Ministry of Health. Of those, 15 per

cent, or 305 cases, were reported to the Ministry for the first time as deaths. That is an indication that despite the immense success in testing in 2016, there is still a need for wider testing.

Significant gaps remain with respect to treatment. In that regard, the Government intends to redouble its efforts to ensure that once diagnosed, people are linked to treatment, retained in care and achieve viral suppression. While significant progress has been made towards achieving the target of ending mother-to-child transmission, there is a lag in the achievement of the key monitoring indicators.

Jamaica supports addressing HIV/AIDS in a comprehensive way, in particular through addressing the overlapping epidemics of HIV and tuberculosis. In that regard, we are pleased to note that the first high-level meeting on tuberculosis will be held later this year, and we support a stronger link between HIV and tuberculosis in the outcome document for that meeting.

The Government of Jamaica is maintaining its focus on a whole-of-Government, whole-of-society, multisectoral approach to tackling the HIV epidemic by engaging persons living with HIV and other stakeholders from civil society and the private sector and international development partners, as well as within the Government. These partnerships have been guided by the national plan and programme to respond to HIV, which was crafted in 1988, and we hope to strengthen existing partnerships while forging new collaboration for the effective implementation of national policies geared at arresting and ultimately eliminating the AIDS epidemic.

My delegation looks forward to hearing the progress achieved by other member States in the implementation of the Declaration of Commitment on HIV/AIDS and remains available for continued exchanges on best efforts to end the AIDS epidemic by 2030.

Mr. Dludlu (Eswatini): Permit me at the outset to express my delegation's gratitude at the initiative taken to host the annual review on the implementation of the 2016 Declaration of Commitment on HIV/AIDS. As this is the midway point in attaining the 2020 fast-track targets, it provides us all with an opportunity to assess our progress relative to our targets and to learn from and appreciate one another's efforts to that end.

On behalf of the delegation of the Kingdom of Eswatini, let me express my country's appreciation at the actions that have been undertaken by the Joint United Nations Programme on HIV/AIDS (UNAIDS) in mobilizing political commitment at the very highest levels and in engaging the global community, in particular the donors that rallied around the Political Declaration on HIV and AIDS: On the Fast Track to Accelerating the Fight against HIV and to Ending the AIDS Epidemic by 2030. The work achieved in that regard is laudable indeed.

The results that have been achieved in the AIDS response in Africa have been extraordinary. They are attributed to a number of factors, including the dynamic leadership shown by UNAIDS combined with the political will and leadership of States, which has effectively coordinated and driven the global fast-track response to date.

The Kingdom of Eswatini remains highly committed to ending AIDS in our country by 2022. That is eight years ahead of the schedule as set in the global goal. Through the leadership of His Majesty King Mswati III, the country is on track to achieve that goal. In 1999, His Majesty declared HIV/AIDS an emergency in the Kingdom and channelled the resources necessary to combat this scourge. That contributed to halving new infections notably over the past five years, from 2.8 per cent in 2011 to 1.36 per cent in 2016 — a 44 per cent reduction. There was also a significant drop in AIDS-related deaths, from 4,767 in 2010 to 3,315 in 2015 and 3,178 in 2018. That resulted in Eswatini being one of only a few countries that have achieved viral suppression of 91.9 per cent among people on antiretroviral treatment.

In conclusion, I would like to take this opportunity to renew the commitment of the Kingdom of Eswatini to strengthening its efforts to attain the fast-track AIDS response in order to achieve the 2020 prevention targets and the Goals of the 2030 Agenda for Sustainable Development.

Mr. Sisa (Botswana): Botswana commends the President of the General Assembly at its seventy-second session for convening today's plenary meeting on the implementation of the Declaration of Commitment on HIV/AIDS and the political declarations on HIV/AIDS.

Botswana aligns itself with the statements delivered earlier today by the representatives of Kenya, on behalf of the Group of African States, and Tanzania, on behalf of the Southern African Development Community.

With bold ambitions at the heart of its HIV pathway, Botswana is on the cusp of a historic achievement with regard to epidemic control, thereby ensuring an HIV-free future for itself, as envisaged in its National Vision 2036. In June 2016 our former President Mr. Seretse Khama Ian Khama launched our Treat All strategy in another demonstration of Botswana's political commitment to responding to HIV and AIDS. By the end of December 2017, of our people living with HIV, 86 per cent — 323,385 — knew their HIV status; 84 per cent — 317,945 — were on life-saving treatment and 81 per cent — 306,817 — had suppressed the HIV virus in their bodies. These numbers will ensure that people living with HIV/AIDS will remain healthy and will greatly contribute to preventing the transmission of new HIV infections.

Both the Government and its partners have put in place initiatives to fast-track 90-90-90 targets and bring the epidemic under control. The measures include targeted HIV testing for populations such as patients with sexually transmitted infections, patients with tuberculosis, inpatients and potentially HIV-positive mothers for whom preventing mother-to-child transmission is important, as well as key populations such as female sex workers and men who have sex with men; new innovations such as community testing, which includes home-based and index testing and HIV self-testing; the promotion of youth-friendly HIV testing services to appeal to young people, and the integration of approaches to HIV, sexual and reproductive health, tuberculosis and non-communicable diseases.

Other game-changing strategies that we have embarked on include promoting and providing voluntary medical male circumcision; comprehensive condom programming and social marketing; intensifying social and behavioural change interventions; addressing structural drivers and other cross-cutting issues such as gender-based violence, alcohol and substance abuse and strengthening linkages to services. In addition, health facilities are providing integrated services that are easily accessible to key populations. Services such as antiretroviral treatment, the management of sexually transmitted infections, and condoms and lubricants are provided to civil-society organizations working with such populations. Pre-exposure prophylaxis is currently available through private service providers and is used as an additional HIV-prevention strategy.

Notable success has been made on the prevention of mother-to-child transmission of HIV, with an uptick of 96 per cent in 2017, pointing to the virtual elimination of mother-to-child transmission, which now stands at 1.4 per cent, as a possibility in our generation. Despite those select successes, however, the most recent evidence indicates a slight increase — 4 per cent — in new HIV infections, from 13,208 in 2010 to 13,799 in 2017. Furthermore, 61 new HIV infections occur every week among adolescent girls and young women. There is therefore an urgent need to revitalize HIV prevention alongside treatment, with a particular focus on adolescent girls and young women between the ages of 10 and 24 and on key populations. Other indications are that 67 per cent of women 19 years and older experience gender-based violence, while our national teenage pregnancy rate is 9.7 per cent. Men who are 35 and older need special attention, as men generally test for HIV and start treatment later in life than women.

Botswana's national strategic framework for HIV and AIDS from 2018 to 2023, which is currently being developed, is an opportunity for a major strategic shift and thrust on revitalizing primary HIV prevention. That is strongly supported by our Government's recent paradigm shift to primary health care for its general health-care delivery. Our recent joining of the Global HIV Prevention Coalition and active involvement in the Southern African Development Community's agenda on revitalizing HIV prevention are other new decisions that will help to ensure that we can control the epidemic.

Botswana's high-level political commitment remains unequivocal. In his inaugural address on 1 April, President Mokgweetsi Masisi announced that HIV/AIDS would be one of his Government's priorities, and he has called for renewed attention to the manner in which it responds to HIV and AIDS. Besides that, the Government of Botswana continues to invest in its HIV response and contributes more than 57 per cent of its total health budget to HIV/AIDS. Botswana is committed to integrating and linking its approaches to HIV and tuberculosis, sexual and reproductive health services and cervical cancer and maternal and newborn and child health services. That will help to address our high tuberculosis burden and high maternal mortality rate, with a view to meeting our reduction target of 21 per 100,000 live births. Like other countries with a high prevalence of HIV, Botswana is also facing ever-increasing epidemics of other chronic infections such as hepatitis B and C and other non-communicable diseases (NCDs). We have undertaken actions to address such

chronic infections, especially non-communicable diseases, through our just-completed NCD national strategy. Some of the challenges we face in ending the epidemic include inadequate investment in interventions for changing social behaviour, a proliferation of illicit habit-forming drugs and underresourced civil-society and community-based organizations competing for financial and human resources.

In conclusion, Botswana reaffirms its commitment to implementing the Declaration of Commitment on HIV/AIDS and the Political Declarations on HIV/AIDS and to ending the AIDS epidemic by 2030.

Mr. Xu Zhongsheng (China): The world is at a critical juncture in the global response to the HIV/AIDS epidemic. We must review our joint efforts and determine where we are in the process of implementing the Declaration of Commitment on HIV/AIDS and achieving our targets by 2020. Today's meeting will help us to intensify our efforts and create a world for future generations in which the AIDS epidemic will no longer be a public-health threat, as we promised in the 2030 Agenda for Sustainable Development.

The Chinese Government welcomes and endorses the report of the Secretary-General (A/72/815). We are responding positively to the call in his report to further consolidate our efforts and ensure the end of the AIDS epidemic. China has maintained a strong political commitment to its response to the HIV/AIDS epidemic. With respect to the global 90-90-90 targets of the Joint United Nations Programme on HIV/AIDS (UNAIDS), our national coping strategies follow the plan of action to continue to prevent AIDS in China.

China is a member of the Global HIV Prevention Coalition and has given top priority to prevention in the outline for its Healthy China 2030 plan. We have made steady progress in responding to the ever-changing HIV epidemic. HIV infection through blood transfusions and blood products has largely been stopped. The rate of new reports of injecting drug users has dropped from 19.1 per cent in 2010 to 3.4 per cent in 2017, bringing international praise for China's injury reduction intervention programme. In China, all pregnant women enjoy free AIDS screening services, and infected pregnant women and their infants enjoy free intervention services for preventing mother-to-child transmission. Treatment services for people living with HIV are also steadily under way and cover 80 per cent of the population in need. With the expansion of treatment services, the number of fatalities caused by HIV has also dropped dramatically. In order to further expand services and ensure that no one is left behind, China has established an innovative fund aimed at enabling social organizations to participate in such activities. The Chinese Government provides financial support through community groups in order to promote a wider range of outreach services for people in hard-to-reach areas and at a high risk of infection. We would like to thank UNAIDS for its technical support in operationalizing this fund.

Among other things, China is also playing a role in helping other countries achieve the fast-track targets by 2020 by offering training and learning opportunities for personnel, creating innovative health products and fostering South-South cooperation with a view to enhancing the health system. Such measures, based on the principle of development focused on win-win cooperation, have contributed to the joint efforts to build a world with universal health coverage. Like many other countries, China faces a multitude of challenges itself, notably those related to the difficulties of preventing and controlling HIV transmission. China would like to take this opportunity to thank UNAIDS for its leadership and close cooperation with China. We appreciate its efforts in uniting worldwide efforts to achieve the fast-track targets for 2020 and ending the public health threat of the AIDS epidemic by 2030.

Mr. Sandoval Mendiolea (Mexico) (*spoke in Spanish*): Mexico appreciates the Secretary-General's introduction of his report (A/72/815) on the progress achieved in the implementation of the Declaration of Commitment on HIV/AIDS and the Political Declarations on HIV/AIDS. We welcome the progress achieved at the global level in meeting the 10 commitments in the 2016 Political Declaration on HIV/AIDS, in which my country joined with determination. However, we wart to emphasize the importance of revitalizing the proposed action for ending HIV, and on the need for coherent and coordinated work by the United Nations system in the implementation of the 2030 Agenda for Sustainable Development to achieve the related Goals. We agree that despite progress, challenges remain in the areas of universal health coverage, access to sexual and reproductive-health services and medical care for key populations, where the epidemic continues to be concentrated.

I would now like to highlight some of Mexico's progress in relation to the topic. Given the time

constraints, I will focus only on those commitments where we have made major advances. Mexico has had a national policy for universal and free access to HIV/AIDS treatment since 2003. We consider health care an inalienable human right. To that end, we have invested in our national response to HIV, which aims to guarantee universal and free medical care for those affected by the virus. The national programme for HIV and other sexually transmitted infections views them as an important part of the medical care process in its strategies.

Prevention should be the focus of our response. In our national experience, preventive policies are cost-effective by comparison to other interventions for controlling HIV/AIDS. In Mexico, we achieved an 89 per cent increase in federal investment in combined HIV prevention projects between 2013 and 2018, for which we received international recognition from the Joint United Nations Programme on HIV/AIDS (UNAIDS) for our best practices. We also recognize that detection is fundamental. We believe that targeted testing among key populations identified in individual societies is a better investment of resources than massive generalized testing. It not only identifies key groups, but it is also more effective in reaching people living with HIV and getting them treatment, in line with the 90-90-90 initiative. The number of people in Mexico diagnosed with HIV increased from 43 per cent to 57 per cent from 2013 to 2016, which represents progress and shows that detection is an important factor in providing HIV care. In order to eliminate new HIV/AIDS infections, my country aimed to reduce the number of new cases by 84 per cent by the end of 2018. The preliminary figures for 2017 showed that we already had seen a 40 per cent decrease. Our main task in achieving the planned reductions will be to increase HIV detection in pregnant women.

Recognizing that inequalities and barriers to effective access to health services for the entire population still persist, Mexico made a commitment to developing a protocol for care for lesbian, gay, bisexual, transsexual, transvestite, transgender and intersex (LGBTI) people as part of our national day against homophobia in May 2017. The protocol and specific guidelines for non-discriminatory access to health care services for LGBTI people were developed based on international recommendations and have also been singled out as a best practice by UNAIDS.

My country is fully committed to working for the rights of adolescents and their development. In that regard, in February 2016 we issued our national strategy for preventing adolescent pregnancy with the aim of guaranteeing access to sexual and reproductive-health services, preventing sexually transmitted infections and promoting a self-care lifestyle among young people. That strategy aims to reduce the pregnancy rate among teenagers aged between 15 and 19 by 50 per cent and to end pregnancies among girls aged 14 or under by 2030.

The co-morbidity of HIV and tuberculosis is also an extremely important issue, as it is a leading cause of death among HIV-positive people, and we therefore test everyone with HIV for tuberculosis, and vice versa.

Mexico realizes that there we still have a long way to go in meeting our commitments in the fight against HIV/AIDS, and in that regard we reiterate our commitment to the effort and concur with the Secretary-General's report that the joint United Nations approach to the fight against AIDS, together with the United Nations comprehensive reform initiative, will provide opportunities to accelerate progress towards ending the epidemic and achieving the Sustainable Development Goals.

Mr. Ry Tuy (Cambodia): It is my great honour and privilege to address the General Assembly on behalf of the Royal Government of Cambodia. My Government welcomes this important opportunity to assess the progress made in realizing the 10 commitments made in the 2016 Political Declaration on HIV and AIDS. The Political Declaration has played a crucial role in scaling up the HIV response in Cambodia. Among the results that have been achieved, I would like to underscore the following.

In 2017, an estimated 70,000 people were living with HIV in Cambodia. The prevalence of HIV among the general population decreased from 1.8 per cent in 1998 to 0.6 per cent in 2016. New HIV infections fell from an estimated 20,000 in 1996 to 654 in 2017. In 2017, 81 per cent of pregnant women living with HIV were provided with services to prevent mother-to-child transmission of the virus. Cambodia has attained the highest antiretroviral therapy coverage in the region among low- and middle-income countries, with 97 per cent — 58,315 — of the estimated number of people living with HIV/AIDS who know their status on antiretroviral therapy at the end of 2017. AIDS-related deaths decreased from an estimated 9,000 in 2002 to

1,594 in 2017. Cambodia is one of the seven countries in the world that reached its 90-90-90 targets in 2017. In May we approved a law on compulsory licensing that will ensure Cambodia's access to affordable medicines for HIV and other communicable and non-communicable diseases. The Royal Government of Cambodia has committed to funding $2.2 million annually for antiretroviral and human resources for the period from 2018 to 2020. Our successful HIV programme has emerged from a sound policy and strategic framework that dates back more than two decades. Our national strategies and goals complement our legal framework, generally helping to create an enabling environment for HIV response.

We have been able to achieve this success through our high-level political and multisectoral commitment; strong collaboration between the Royal Government of Cambodia, civil society, the Joint United Nations Programme on HIV/AIDS (UNAIDS) and its sponsors and development partners; and our early adoption of preventive measures, including 100 per cent condom-use policy, innovative community-led testing and rapid scaling up of access to treatment. Besides this work to create an enabling environment, we also initiated efforts to increase local ownership of the HIV and AIDS programme, such as integrating HIV and AIDS in our village-commune safety policy, developing standard operating procedures for integrating HIV and AIDS into commune development plans and enrolling poor people living with HIV/AIDS in our ID Poor identification process.

Those achievements have been heavily dependent on external financial and technical support. International investments amounted to 82 per cent of financing for our HIV response in 2015. Analysis conducted in 2017 by UNAIDS showed that donor support was likely to continue to diminish in the coming years. In recognition of the impending transition, a national sustainability technical working group, co-chaired by our national AIDS authority and UNAIDS, was created. Under the overall leadership of the national AIDS authority, UNAIDS facilitated a transition readiness assessment that identified major HIV transition and sustainability risks in the areas of service delivery, cost and financing and the engagement of civil society. They included high dependence on external funding for treatment and prevention services for key populations; a lack of funding enabling civil society to operate effectively, which erodes the established capacity for advocacy; the urgent need to strengthen health information systems and national capacities for forecasting and procuring drugs and commodities.

Just 12 days ago, on 30 and 31 May, with UNAIDS support, national stakeholders, including representatives of the Royal Government of Cambodia, civil society, academia, United Nations organizations, development partners and people living with and affected by HIV gathered to formulate actions to mitigate the risks that have been defined and develop a road map for a sustainable AIDS response. With that, Cambodia is the first country in the Asia-Pacific region to develop a road map for a sustainable AIDS response. The sustainability road map, which includes a matrix of recommendations to be implemented over the next 10 years to mitigate risks in the short and medium term, will serve as a platform for developing the next national strategic multisectoral HIV plan for the period from 2019 to 2023.

Although the Royal Government of Cambodia has been gradually increasing domestic funding for AIDS response, programmes focused on key populations will still need more investment, as they have been fully funded by the Global Fund to Fight AIDS, Tuberculosis and Malaria and established by civil society. In 2017, 60 per cent of female entertainment workers, 56 per cent of men who have sex with men and 80 per cent of transgender people were provided with HIV prevention services, while 33 per cent of people who inject drugs were provided with harm-reduction services. In other words, it is community-based prevention programmes for key populations that suffer the most when donors transition away from investing in AIDS response in Cambodia. In the light of that issue, Cambodia would like to request that UNAIDS and its sponsors and other international partners maintain their focus not just on fast-track countries but also on countries that are very close to reaching the end of AIDS as a public-health threat, but that face challenges in closing their financial gaps. Scaling back development assistance in Cambodia puts at risk those in greatest need and jeopardizes our collective progress towards a global vision of zero new HIV infections, zero HIV-related deaths and zero HIV-related discrimination.

Following the adoption of the 2030 Agenda for Sustainable Development in which we committed to leaving no one behind, the Royal Government of Cambodia has set itself the ambitious goal of ending AIDS as a public health threat by 2025, five years

before the globally agreed date. In conclusion, I would like to reiterate my Government's strong commitment to accelerating the pace of progress in fighting AIDS and to the 2016 Political Declaration on HIV and AIDS.

The Acting President: We have heard the last speaker in the debate on this item for this meeting. We shall continue the debate this afternoon in this Hall, following the conclusion of our consideration of agenda item 35, entitled "Protracted conflicts in the GUAM area and their implications for international peace, security and development".

The meeting rose at 1.10 p.m.

United Nations A/72/PV.95

General Assembly
Seventy-second session

Official Records

95th plenary meeting
Tuesday, 12 June 2018, 3 p.m.
New York

President: Mr. Lajčák ..... (Slovakia)

The meeting was called to order at 3.10 p.m.

Agenda item 35

Protracted conflicts in the GUAM area and their implications for international peace, security and development

Report of the Secretary-General (A/72/847)

Draft resolution (A/72/L.55)

The President: I now give the floor to the representative of Georgia to introduce draft resolution A/72/L.55.

Mr. Imnadze (Georgia): As we mark the twentieth anniversary of the Guiding Principles on Internal Displacement, forced displacement around the world has reached a record level — 65.6 million persons displaced by conflict, violence, persecution and natural calamities. While the causes of the displacement may differ, human suffering does not.

Among those 65 million people, as many as 400,000 are displaced from my own country, Georgia. It is in their name that I take the floor today to introduce and solicit the support of the General Assembly for draft resolution A/72/L.55, entitled "Status of internally displaced persons and refugees from Abkhazia, Georgia and Tskhinvali region/South Ossetia, Georgia" under agenda item 35, "Protracted conflicts in the GUAM area and their implications for international peace, security and development".

The draft resolution before the Assembly, which we have been adopting for the past 10 years, is not only derived from the Guiding Principles on Internal Displacement, but in a certain way has become the embodiment of the Principles as well. The Guiding Principles consist of three fundamental concepts: securing the rights of the displaced, including the right to safe and dignified return and property rights; the unacceptability of forced demographic changes; and the need for unimpeded humanitarian access.

By virtue of the draft resolution, we emphasize the importance of the Guiding Principles and strongly support the work of the Geneva International Discussions, which is the forum mandated by the 12 August 2008 ceasefire agreement and co-chaired by the United Nations, the European Union and the Organization for Security and Cooperation in Europe.

Regrettably, Georgia's unwavering commitment to the Geneva International Discussions and the constructive actions it has taken within them, where all stakeholders are represented, has yet to be reciprocated. We are confronted with a policy of concerted disrespect for the issue of return by relevant participants, despite the fact that the Secretary-General urges participants to refrain from so-called walkouts during the discussion of the respective agenda items and to address all their concerns within the framework of the Geneva International Discussions.

Recent developments in the security and human rights situation in the occupied Georgian territories are also extremely alarming. In the twenty-first century,

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we continue to witness the installation of razor-wire fences and so-called border signs along stretches that have reached a shocking 49 kilometres in the Abkhazia region and 52 kilometres in the Tskhinvali region. The Secretary-General condemns this situation in his latest report on Georgia (A/72/847).

Human rights violations in the occupied regions have become a daily occurrence. People endure kidnappings, arbitrary detentions, property seizures, restrictions on access to education in their native language, restrictions on free movement and residence and continued discrimination on the grounds of ethnic origin.

I have spoken previously from this rostrum of the blatant murder of Giga Otkhozoria, an internally displaced person (IDP) from Georgia, by a so-called border guard, who chased and gunned him down in broad daylight, all of it recorded by closed-circuit television cameras (see A/70/PV.96). This year, Archil Tatunashvili, an IDP from the Tskhinvali region, was detained by the occupying Power and tortured to death while in detention. His mutilated body, missing all internal organs, was released to his family three weeks later. The perpetrators are still at large, because these are not accidental tragedies; they are a testimony to systematic violations of fundamental human rights in the occupied territories, which, as the former High Commissioner for Human Rights has put it, remain a "black hole" and "one of the most inaccessible places on Earth".

To address the issue, for the second consecutive year the Human Rights Council has expressed its serious concerns about the human rights and humanitarian situation within the occupied regions of Georgia by adopting resolution 37/40 at its March 2018 session, calling for the Office of the High Commissioner and other international and regional human rights mechanisms to be granted immediate access to the occupied territories. Opening these regions to the international community for monitoring and reporting of all human rights abuses would be a major step forward in ending impunity and lawlessness.

Against that backdrop, and despite all the impediments on the ground, the Government of Georgia has come out with a new peace initiative, "A Step to a Better Future", which is aimed at enhancing the interaction between communities and proposes moving forward on three aspects: facilitating and expanding trade across the dividing lines; creating additional opportunities and simplifying access to all levels of education; and easing access to various services and benefits. Georgia continues to steadfastly support its policy of reconciliation and reintegration in the firm belief that a commitment to a rules-based order and a surge in diplomacy are the only means for achieving sustainable peace.

Secretary-General António Guterres, speaking on the Organization's priorities for 2018, has urged the international community to "pave the way for the safe, voluntary, dignified and sustainable return of refugees to their places of origin, in accordance with international standards". While the draft resolution introduced by Georgia today refers to the situation in a single country, the issue at stake is an integral part of a global challenge — forced displacement. In this Hall, we all recognize the utterly humanitarian nature of the principle of return. Therefore, we appeal to the Assembly to apply the very same principle to the IDPs of Georgia. They too are part of our global endeavour to leave no one behind.

In his latest report on Georgia, the Secretary-General explicitly underlined that

> "[i]t is essential to recognize that return is both a human right and a humanitarian issue and therefore cannot be directly linked to political questions or the conclusion of peace agreements. It must be addressed irrespective of any solution to the underlying conflict" (*A/72/847, para. 43*).

It is now time for us, the General Assembly, to show firm adherence to the aforementioned principles and demonstrate our joint commitment to sustainable peace. We need to continue sending a message of hope to the hundreds of thousands of victims of forced displacement. Accordingly, I once again urge the Assembly to vote in favour of draft resolution A/72/L.55 and recognize once again that internally displaced people do have the right to return.

Mr. Moraru (Republic of Moldova): I have the honour to speak on behalf of the Organization for Democracy and Economic Development-GUAM and its member States: Azerbaijan, Georgia, Ukraine and my own country, the Republic of Moldova.

Millions of people in the GUAM countries have been forced to leave their homes as a result of armed conflicts. Forced displacement has led to a range

of humanitarian challenges in the GUAM area. We believe that the humanitarian concerns of the affected populations should be a priority. Ensuring the safe and dignified return of internally displaced persons (IDPs) and refugees in the GUAM area as the principal way of achieving durable solutions for forcibly displaced persons is an overarching goal.

This year once again, the GUAM member States are presenting a joint position in support of the annual draft resolution, this year contained in document A/72/L.55, entitled "Status of internally displaced persons and refugees from Abkhazia, Georgia, and the Tskhinvali region/South Ossetia, Georgia". The draft resolution addresses the plight of hundreds of thousands of IDPs and refugees forcibly displaced from the Abkhazia and Tskhinvali regions of Georgia as a result of the conflict there as well as several waves of ethnic cleansing.

Ten years after the adoption of the first resolution on Georgia's IDPs and refugees (resolution 62/249), no progress has been achieved. We regret that despite the calls of the international community, the conditions for organized return in safety and dignity have not yet been fulfilled, and hundreds of thousands of people continue to be deprived of their right to return and their property rights. As highlighted in the Secretary-General's report (A/72/847), no major changes with regard to internally displaced persons and refugees exercising their right to return were observed during the reporting period.

We reiterate our support for the Geneva International Discussions process, which is a unique platform for participants to discuss security, stability and humanitarian issues, including in relation to the return of refugees and IDPs. We regret that the discussions on the most essential humanitarian matters within the Geneva International Discussions are constantly being undermined by the concerted disrespect of certain relevant participants.

We view the current draft resolution as an important tool for further encouraging the participants in the Geneva International Discussions to redouble their efforts to address the issues within the mandate of the Geneva International Discussions, including the creation of conditions conducive to a voluntary return in safety and dignity. We remain seriously concerned about the human rights situation in the Georgian regions of Abkhazia and Tskhinvali region/South Ossetia. Against the backdrop of the ongoing installation of razor-wire fences, illegal detentions, deprivations of property, restrictions on free movement and access to education and other ethnically based violations, the local population is deprived of minimal safeguards for their lives. The situation is particularly alarming given that no international monitoring mechanisms are allowed to oversee the situation on the ground.

In that context, we welcome the Human Rights Council's adoption of resolutions 34/37 and 37/40, on cooperation with Georgia. They express serious concerns about the human rights and humanitarian situation within the Abkhazia and Tskhinvali/South Ossetia regions of Georgia and call for the Office of the High Commissioner and other international and regional human rights mechanisms to be granted immediate access to those territories. We also welcome the peace initiative entitled "A Step to a Better Future" recently proposed by the Government of Georgia, and hope that it will lead to increased interaction between the peoples on the ground.

The GUAM member States reiterate their firm support for the sovereignty and territorial integrity of Georgia within its internationally recognized borders. Today's draft resolution is an opportunity for the States Members of the United Nations to reaffirm their commitment to the fundamental right of a safe and dignified return of IDPs and refugees and express solidarity with forcibly displaced persons around the world. We will therefore vote in favour of the draft resolution and call on others to join us in supporting this noble cause.

Ms. Plepytė (Lithuania): I have the honour to speak on behalf of the Baltic and Nordic States: Denmark, Estonia, Finland, Iceland, Latvia, Norway, Sweden and my own country, Lithuania. Bulgaria, the Czech Republic, Ireland, Malta, the Netherlands, Poland and Slovakia align themselves with this statement.

The number of displaced persons and refugees around the world has reached an unprecedented level and is still growing as a result of armed conflicts, violence, persecution and human rights violations. We must not forget that the fate of every affected person lies at the heart of this negative phenomenon. Regrettably, Georgia is among the countries most affected by the problem of forced displacement. Ten years after the first adoption of the resolution on internally displaced persons (IDPs) and refugees from Abkhazia and Tskhinvali region/South Ossetia in Georgia (resolution 62/249), no progress has been seen. Hundreds of

thousands of those IDPs continue to be deprived of their right to a safe, dignified and voluntary return to their places of origin and their property rights.

The Secretary-General identified the prevention of forced displacement and the pursuit of durable solutions for refugees and internally displaced persons as one of the priorities in his report on the protection of civilians in armed conflict (S/2018/462). In this context, we fully support the Secretary-General's call for renewed efforts not only to prevent displacement but also to address its root causes and support the affected communities. Draft resolution A/72/L.55, which we are adopting today, clearly echoes the Secretary-General's goals and commits us all to continuing to work for the protection and assistance of those who have been forcibly displaced from the Abkhazia and Tskhinvali/South Ossetia regions of Georgia and to ensuring that they are able to exercise their fundamental right to a safe and dignified return.

The human rights situation in those occupied regions of Georgia remains a cause for our continued concern. Russia continues to violate the commitments made in the 12 August and 8 September 2008 agreements by maintaining a military presence in both the Abkhazia and Tskhinvali/South Ossetia regions of Georgia. Kidnappings, arbitrary detentions as a consequence of the ongoing borderization, new restrictions on freedom of movement and a lack of access to health care and to education in their native language have a direct and negative impact on the daily life of hundreds of thousands of people affected by this protracted conflict.

The adoption by the Human Rights Council of resolution 37/40, on cooperation with Georgia, clearly demonstrated that the international community remains seized of the matter, as it emphasized the need to address human rights and humanitarian issues faced by those forcibly displaced from Abkhazia and the Tskhinvali region/South Ossetia in Georgia. In this context, we remain concerned about the fact that in the past several years no international human rights monitoring mechanism has been granted unrestricted access to the regions of Abkhazia and the Tskhinvali region/South Ossetia, and we call for immediate access to be granted to the Office of the United Nations High Commissioner for Human Rights and other international and regional human rights mechanisms.

We reiterate our support for the Geneva International Discussions process and join the Secretary-General's call to all relevant stakeholders to step up efforts to make tangible progress on key security and humanitarian issues with a view to improving the security and human rights situation and meeting the pressing humanitarian concerns of the affected population, including internally displaced persons. We take this opportunity to reaffirm our strong support for the sovereignty and territorial integrity of Georgia within its internationally recognized borders.

In conclusion, given the lack of progress on the ground, we call for the continued engagement of the United Nations. Today's draft resolution is a clear signal of our commitment to the people forcefully driven out of their homes. As in previous years, we will vote in favour of the draft resolution and call on the entire Assembly to do the same.

Mr. Yelchenko (Ukraine): Ukraine aligns itself with the statement delivered by the representative of the Republic of Moldova on behalf of the GUAM member States, and would like to add some remarks in its national capacity.

This year marks a sad anniversary. Ten years ago, Russia started its aggression against Georgia. Since the beginning of the Russian Federation's occupation of the Georgian territories of Abkhazia and the Tskhinvali region/South Ossetia, the situation on the ground has deteriorated dramatically. This, of course, is nothing unusual; it happens every time Russia intervenes, as our own bitter experience amply shows.

We strongly condemn the discrimination on ethnic grounds, the restrictions on education in the native language of the two occupied Georgian regions, and the reported mass demolition of houses of ethnic Georgians in the Tskhinvali region. We are also deeply concerned about the large number of internally displaced persons who have been deprived of the right to return to their homes in a safe and dignified manner.

Ukraine urges the occupying Power, the Russian Federation, to provide immediate and unimpeded access to independent international and regional human rights monitors, in particular the Office of the United Nations High Commissioner for Human Rights. In this regard, we welcome the recent adoption of Human Rights Council resolution 37/40, entitled "Cooperation with Georgia", and express our strong support for the yearly draft resolution on the status of internally displaced persons and refugees from Abkhazia, Georgia, and the

Tskhinvali region/South Ossetia, Georgia, which we are discussing today (A/72/L.55).

Ukraine strongly condemns the recent decision of the Syrian Arab Republic to recognize and establish diplomatic relations with the occupied territories of Georgia — Abkhazia and the Tskhinvali region/ South Ossetia. Syria's decision is yet another breach of the norms and principles of international law by the Al-Assad regime and clearly demonstrates the eagerness of the current Syrian authorities to please the Kremlin. In this respect, I reiterate Ukraine's unwavering support for the sovereignty and territorial integrity of Georgia within its internationally recognized borders.

Once again, Ukraine strongly condemns all actions taken by the Russian Federation against basic human rights and freedoms, in particular those of internally displaced persons and refugees, in violation of the relevant obligations set forth under international law. I urge the Russian occupying authorities to stop their illegal practices and respect the obligations that are incumbent on Russia as aan occupying Power, in accordance with international humanitarian law.

Ukraine will support the adoption of draft resolution A/72/L.55 and calls on other delegations to vote in favour of this important text.

The President: We shall now consider draft resolution A/72/L.55.

Before giving the floor for explanations of vote before the voting, I would like to remind delegations that explanations of vote are limited to 10 minutes and should be made by delegations from their seats.

Mr. Grant (Canada) (*spoke in French*): Canada is pleased once again to support draft resolution A/72/L.55, entitled "Status of internally displaced persons and refugees from Abkhazia, Georgia, and the Tskhinvali region/South Ossetia, Georgia". Canada fully supports the sovereignty, independence and territorial integrity of Georgia within its internationally recognized borders. Russia's occupation of these regions is a flagrant violation of international law and poses a threat to the sovereignty and territorial integrity of Georgia.

Canada calls on Russia to respect its obligations under the 12 August 2008 ceasefire agreement and the 8 September 2008 implementation agreement. We also firmly condemn the Syrian regime's recognition of Abkhazia and the Tskhinvali region/South Ossetia, which are regions occupied by Russia in Georgia, as it flouts the international rules-based order and jeopardizes the chance for a peaceful settlement to the conflict.

(*spoke in English*)

Canada notes Georgia's recently announced peace initiative, "A Step to a Better Future". The initiative's proposals, particularly in terms of facilitating trade, education and people-to-people ties, demonstrate a constructive approach that can benefit people in Abkhazia, South Ossetia and the rest of Georgia. We look forward to the positive contribution the initiative will make to the lives of the people living in these regions.

Canada is deeply concerned about the plight of the more than 40 million people worldwide, including the hundreds of thousands in Abkhazia and the Tskhinvali region/South Ossetia, who remain internally displaced due to conflict and circumstances beyond their control. The correlation between the rises in displacement and in the number of violent conflicts around the world calls for long-term international engagement to respond to the needs of the forcibly displaced, seek durable solutions and better address the root causes of forced displacement. In this context, we welcome the increased attention being paid to responses to internal displacement in the light of the twentieth anniversary of the Guiding Principles on Internal Displacement and encourage further dialogue on this issue.

Today's draft resolution serves to remind the international community of the serious humanitarian situation in the occupied regions of Georgia and the pressing issue of protracted displacement worldwide. Canada calls on Member States to join in sustained efforts to alleviate the suffering of all people affected by conflict and unite to intensify efforts to establish sustainable peace. Supporting the draft resolution will be a valuable step towards achieving that goal.

Mr. Kuzmin (Russian Federation) (*spoke in Russian*): For yet another consecutive year, the General Assembly has before it the draft resolution under consideration today (A/72/L.55). Its authors continually state that the motive for the initiative is concern for the needs of those who have lost their homes and means of survival as a result of armed conflict, having been forced to leave their area of permanent residence. However, today's draft resolution, like its predecessors, has simply been politicized. The authors of the draft resolution are

not interested in the real needs and concerns of the populations in Abkhazia and South Ossetia. Tbilisi is attempting to achieve its own political goals by using the humanitarian issue and speculating on the fate of various peoples — Georgians, Abkhazians, Ossetians and representatives of other nationalities who suffered under the nationalist and aggressive policies of past authorities in Georgia, including in 2008.

Instead of direct substantive dialogue with Sukhumi and Tskhinvali in Geneva, Tbilisi continues the practice of defaming its opponents in international forums where Abkhazia and South Ossetia are not represented. So far Tbilisi has refused to sign an agreement with Sukhumi and Tskhinvali on the non-use of force. We therefore cannot see Georgia's calls for peace and trust as sincere. The actions of the Georgian authorities exacerbate the situation in the region, delaying a solution to the real problem of refugees and undermining the trust among parties. Today we should be discussing peaceful coexistence in the region, taking into account today's geopolitical reality. It is time for Georgia to opt for a constructive discussion of humanitarian issues rather than groundless, senseless attacks on Sukhumi and Tskhinvali in international forums.

The draft resolution before the General Assembly is not objective and is based on the narrow political interests of a single party to the conflict. It does not enable us to normalize the situation in the region, nor will it lead to the establishment of contact or help to build neighbourly relations between Abkhazia and South Ossetia and Georgia, which is a key component of solving the refugee problem that many have mentioned today.

With that in mind, the delegation of the Russian Federation calls for a vote against draft resolution A/72/L.55 and will itself vote against it. We call on other delegations that do not wish to see the work of the General Assembly politicized not to support that initiative.

Mr. Allen (United Kingdom): The United Kingdom fully supports draft resolution A/72/L.55, which is before us today. It reaffirms the inalienable right of internally displaced persons (IDPs) and refugees to return to their homes in a safe and dignified manner, regardless of their ethnic origin. This is a humanitarian and human rights issue and should not be linked to wider political processes.

There are more than 250,000 registered internally displaced persons in Georgia. Many live in difficult and vulnerable conditions. It is important that the General Assembly send a message that it has not forgotten those people and that it will continue to call for their return home. Indeed, it is perhaps more important to do so with every year that passes. The United Kingdom will therefore vote in favour of today's draft resolution. We encourage everyone else here to do the same.

More broadly, the United Kingdom welcomes the Government of Georgia's work to help improve the situation of IDPs and is pleased with the regular reports by both the Government of Georgia and the Georgian Ombudsman documenting the human rights situation in Abkhazia and South Ossetia. It is important that national and international legislation is effectively implemented to aid efforts to help and protect the lives of IDPs. We call on the Russian Federation to stop the continued borderization activities on the administrative boundary lines with Abkhazia and South Ossetia, which are a direct impediment to the return of Georgian IDPs to their homes. We hope that all sides will use the Geneva International Discussions as the forum to discuss and make progress on humanitarian issues.

The President: The Assembly will now take a decision on draft resolution A/72/L.55, entitled "Status of internally displaced persons and refugees from Abkhazia, Georgia, and the Tskhinvali region/South Ossetia, Georgia".

A recorded vote was taken.

In favour:

Albania, Andorra, Antigua and Barbuda, Australia, Austria, Azerbaijan, Bahamas, Belgium, Belize, Bulgaria, Canada, Costa Rica, Croatia, Czech Republic, Denmark, Djibouti, Dominican Republic, Estonia, Eswatini, Finland, France, Gambia, Georgia, Germany, Greece, Guatemala, Guyana, Haiti, Honduras, Hungary, Iceland, Ireland, Italy, Jamaica, Japan, Kiribati, Latvia, Liberia, Liechtenstein, Lithuania, Luxembourg, Malawi, Malta, Marshall Islands, Mexico, Micronesia (Federated States of), Monaco, Montenegro, Netherlands, New Zealand, Norway, Papua New Guinea, Poland, Portugal, Republic of Moldova, Romania, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Samoa, San Marino, Sao Tome and Principe, Saudi Arabia, Sierra Leone, Slovakia, Slovenia, Solomon Islands,

Spain, Sweden, the former Yugoslav Republic of Macedonia, Togo, Tonga, Trinidad and Tobago, Turkey, Tuvalu, Ukraine, United Kingdom of Great Britain and Northern Ireland, United States of America, Uruguay, Vanuatu, Yemen

Against:

Armenia, Belarus, Burundi, Cuba, Democratic People's Republic of Korea, Lao People's Democratic Republic, Myanmar, Nauru, Nicaragua, Philippines, Russian Federation, South Sudan, Sudan, Venezuela (Bolivarian Republic of), Viet Nam, Zimbabwe

Abstaining:

Algeria, Argentina, Bahrain, Bangladesh, Barbados, Benin, Bhutan, Bolivia (Plurinational State of), Bosnia and Herzegovina, Brazil, Brunei Darussalam, Burkina Faso, Cabo Verde, Central African Republic, Chile, China, Colombia, Côte d'Ivoire, Cyprus, Ecuador, Egypt, El Salvador, Fiji, Guinea-Bissau, India, Indonesia, Iran (Islamic Republic of), Iraq, Israel, Kazakhstan, Kenya, Kyrgyzstan, Lebanon, Lesotho, Madagascar, Malaysia, Mongolia, Morocco, Namibia, Nepal, Nigeria, Oman, Pakistan, Panama, Paraguay, Peru, Qatar, Republic of Korea, Rwanda, Senegal, Serbia, Singapore, Sri Lanka, Suriname, Switzerland, Thailand, Tunisia, Uganda, United Arab Emirates, United Republic of Tanzania, Uzbekistan, Zambia

Draft resolution A/72/L.55 was adopted by 81 votes to 16, with 62 abstentions (resolution 72/280).

[Subsequently, the delegation of the Syrian Arab Republic informed the Secretariat that it had intended to vote against.]

The President: Before giving the floor to speakers in explanation of vote, I would like to remind delegations that explanations of vote are limited to 10 minutes and should be made by delegations from their seats.

Ms. Shilo (Israel): Israel welcomes the steps taken by the Government of Georgia to improve the livelihood and socioeconomic status of internally displaced persons. Israel is encouraged by the constructive discussions in the context of Working Group II of the Geneva International Discussions, which led to concrete activities on humanitarian issues, including those related to environmental protection. We also welcome Georgia's programme of engagement through cooperation, which aims to build trust and confidence among the divided communities.

Israel supports the spirit of reconciliation through direct dialogue promoted by the Georgian Government and would like to take this opportunity to reiterate its support and recognition of Georgia's territorial integrity. We reiterate our well-established position that the way to resolve long-standing conflicts is through a negotiated, mutually agreed approach, not unilateral action.

Mr. De Souza Monteiro (Brazil): Over the years, Brazil has consistently abstained in the voting on draft resolutions concerning internally displaced persons and refugees from Abkhazia and South Ossetia, as we believe such votes may prejudge or influence the consideration of sensitive issues that should be resolved by the relevant negotiations in Geneva.

Brazil recognizes Georgia's territorial integrity and hopes that its dispute with the Russian Federation can be resolved as soon as possible, peacefully and through dialogue. We urge all the actors involved to seek lasting solutions to the situation of internally displaced persons and refugees with a view to creating political conditions that can enable their safe return and dispel fears of a relapse into conflict. We call on all the parties concerned to pursue further cooperation and adopt confidence-building measures, including in the framework of the Geneva process.

The President: We have heard the last speaker in explanation of vote. The General Assembly has thus concluded this stage of its consideration of agenda item 35.

Agenda item 10 (*continued*)

Implementation of the Declaration of Commitment on HIV/AIDS and the political declarations on HIV/AIDS

The President: We will now hear the remaining speakers in the debate on this agenda item.

Mr. Akhinzhanov (Kazakhstan): At the outset, I would also like to thank the Secretary-General for his comprehensive report (A/72/815).

Today's meeting is another important opportunity to discuss the implementation of our shared commitments that will shape our course of action to end the HIV epidemic, which is far from being eradicated

and continues to affect many Member States, people, economies and the very fabric of society. That is why, in 2016, the General Assembly endorsed the Political Declaration on HIV and AIDS: On the Fast Track to Accelerating the Fight against HIV and Ending the AIDS Epidemic by 2030 (resolution 70/266), including the 90-90-90 treatment target by 2020. Kazakhstan is fully committed to that objective through its numerous national programmes and services, which I am pleased to briefly present. The full version of our national statement will be posted online.

Kazakhstan applies a cross-dimensional approach in its national plans for fighting the spread of HIV. Up until now, more than 81 per cent of the funding for HIV/AIDS in the country has been provided by the Government of Kazakhstan. At the same time, we cooperate closely with non-governmental organizations, as they represent every stratum of society, especially the most vulnerable. We have significantly reduced the cost of drugs, including by purchasing them through internationally recognized mechanisms, and we sincerely thank the Joint United Nations Programme on HIV/AIDS (UNAIDS) and UNICEF for their continued support.

Under the 90-90-90 target, Kazakhstan provides universal access to testing for HIV. We have also joined the UNAIDS global initiative on accelerating action in large cities. Every year, more than 2 million people are tested for HIV free of charge, and more than 80 per cent of people living with HIV know their status. In accordance with the recommendations of the World Health Organization, Kazakhstan has introduced a test-and-treat strategy. We have seen considerable improvement in the quality of life of people with HIV. The AIDS death rate declined from 16.1 per cent in 2010 to 10.6 per cent in 2017. One of the key focus areas is preventing mother-to-child transmission of the virus, which has resulted in a significant reduction of perinatal transmission, from 8.4 per cent to 1.9 per cent.

In addition, this year we set three ambitious goals, which are to ensure that more than 80 per cent of people with HIV know their status, that 70 per cent are receiving treatment and that 70 per cent of those treatments are effective. We also guarantee all citizens, without exception, access to quality medical services. Kazakhstan adheres to the principles of medical ethics whereby every effort is made to prevent stigmatization and discrimination. Similarly, foreigners with HIV/AIDS are not barred from entering and staying in Kazakhstan and have the right to receive medical assistance under our mandatory social health-insurance scheme. Thanks to these proactive and remedial measures by our Government, the World Economic Forum has classified Kazakhstan in the group of countries with a low incidence rate in the 15-to-49 age group, which in our case is only 0.2 per cent.

In conclusion, I would like to reiterate that Kazakhstan is committed to achieving the set targets. Upholding and maintaining them in coming years is extremely important for the total elimination of the epidemic. Along with country-specific and global visions, we should adopt a regional approach, as the HIV epidemic does not recognize borders. The most practical way to end it is therefore to ensure that neighbouring countries formulate and implement mutually reinforcing policies. In that context, we cannot underestimate the importance of the coordinating role of the United Nations on the ground, which calls for the one-United Nations approach to be applied at the regional level as well. The strategy can be shown to have yielded results once we know that no one has been left behind and as long as all stakeholders — the public health-care system, people living with HIV, community activists, international organizations, scientists, experts, politicians, business people and others — work together with determination.

Mr. Rybakov (Belarus) (*spoke in Russian*): Belarus greatly appreciates the support of the United Nations and the Joint United Nations Programme on HIV/AIDS (UNAIDS) for our national efforts to prevent and treat HIV/AIDS. Our vision of the fight against this scourge is clear and outlined in our State programme documents.

First of all, that means preventing the spread of the virus. Belarus has been abic to contain the epidemic. Our HIV rate is 25 people per 100,000, one of the lowest in the world. HIV infection is primarily linked to issues such as lifestyle and drugs. The consequences of HIV infection affect specific groups and families, and are worst of all when entirely innocent children are infected. Dealing with preventing HIV therefore demands the attention not just of health-care professionals but of all of society. Needless to say, a healthy lifestyle and a reduction of the risk factors are key to success. The Government of Belarus is focused on coordinating action between our State entities in the areas of education, social protection, medicine and law enforcement. We are actively involving non-State

partners in this work, including social and religious organizations.

Secondly, we see our job as one of ensuring that people in Belarus suffering from the disease — who, according to data from our Ministry of Health, number some 15,000 people, less than 0.2 per cent of the whole population — receive the treatment and social support they need so that they can live longer, support their children and contribute to the country's development. Most important of all for us is caring for children, an area in which Belarus has achieved a great deal. For example, in 2016, the World Health Organization (WHO) certified that we had succeeded in preventing any case of HIV transmission from infected mothers to their children. That is no longer a major concern for us and our health care and society are now focused on preventing even the slightest risk of children being infected by HIV. We are grateful to UNAIDS for the benefit of its progressive international experience in all these areas. We are interested in cooperating actively with UNAIDS not only in multilateral forums as well as bilaterally.

In November 2016, with the support of UNAIDS and the WHO, we held a regional meeting in Minsk on countering HIV/AIDS and tuberculosis in which 12 countries of the regional countries participated, as well as international and public organizations, and we intend to continue our cooperation in that area. The participation in such events of a wide range of States experiencing similar problems relating to the prevention and treatment of HIV/AIDS has promise and will be useful for us all. We also very much appreciate the help of UNAIDS in raising funds from international donors, particularly for the Global Fund to Fight AIDS, Tuberculosis and Malaria, and we are considering further constructive cooperation in that area. Belarus is committed to implementing the Political Declaration on HIV and AIDS and the UNAIDS 90-90-90 strategy adopted in New York in 2016. The guiding principles of response measures to the HIV epidemic have been integrated into Belarus's national programme for HIV prevention.

Our country has rolled out self-testing for HIV and began selling HIV tests in pharmacies last year. We are working on establishing a sustainable national system for combating HIV/AIDS. Over the past 10 years, we have more than tripled State spending in this area. The relevant State programme for the period from 2016 to 2020 specifies that more than 70 per cent of funds for combating HIV should come from internal sources, both State and local budgets. By reducing the price of antiretroviral drugs, the volume of State financing for antiretroviral therapy in 2018 was almost tripled by comparison to 2016. In December 2017, the Ministry of Health of Belarus enacted a decree that significantly expanded the possibilities for citizens living with HIV to adopt or foster children, a big step forward that was made possible by the fact that the comprehensive treatment available in our country has helped to reduce the viral load to a level that humans are no longer spreading it.

On 1 March, Zero Discrimination Day, as part of our national action plan for human rights, our Ministries for Foreign Affairs and Health, together with UNAIDS, organized a major event for a partnership geared to promoting safe and effective HIV/AIDS support. The participants included members of Parliament and representatives of State bodies, the diplomatic corps and international and non-governmental organizations. The main goal was to draw attention to the problems of people with HIV and AIDS both in terms of medical treatment and of overcoming stereotyped attitudes to these people and preventing discrimination against them. Belarus is committed to scaling up and ensuring the sustainability of harm reduction programmes, and is ready to share its national experience in overcoming the HIV epidemic.

In conclusion, I would like to assure the Assembly that the leadership of the United Nations and UNAIDS can continue to count on Belarus as a reliable partner in this area both regionally and internationally.

Ms. Mönöko (Lesotho): I have the honour to deliver this statement on behalf of the Government of the Kingdom of Lesotho. I would like to align myself with the statements delivered by the representatives of Kenya, on behalf of the Group of African States, and Tanzania, on behalf of the Southern African Development Community (see A/72/PV.94).

We note with concern that Lesotho has the world's highest incidence of HIV and the second highest prevalence of the disease, with more than 330,000 people living with HIV and more than 13,000 new adult infections annually, according to a nationwide cross-sectional household survey conducted from 2016 to 2017 by the Lesotho Population-Based HIV Impact Assessment.

I should point out that Lesotho has made tremendous strides in its response to AIDS and the steps it has taken to strengthen the integration of HIV with other health services, including those dealing with tuberculosis, cervical cancer, non-communicable diseases, sexual and reproductive health and maternal and child health, with a success rate of 67 per cent of people living with HIV having access to life-saving medicines. We have also put strategies in place to scale up access to HIV prevention and treatment services and to reduce discrimination against infected people. In 2016, Lesotho adopted a test-and-treatment strategy that has resulted in a rapid increase in HIV testing and enrolment in antiretroviral therapy. The Government has also prioritized universal health coverage, with a focus on reaching 50 disadvantaged and underserved communities with comprehensive services.

At the same time, our new national HIV strategic plan is fully aligned with the fast-track commitments and the vision set out in the General Assembly's 2016 Political Declaration on HIV and AIDS, and we expect to launch it in August. The new plan aims to accelerate the national response so as to reduce new infections and mortality, while engaging all stakeholders in a more coordinated and better financed manner.

Our Ministry of Health has also developed a strategic plan for ensuring the integration of various programmes, as well as progressive policies and innovative approaches, in response to gaps identified in our HIV Impact Assessment. To that end, we have developed an acceleration plan with targeted testing strategies and phased geographical expansion to high-volume sites in all districts, in order to achieve 90 per cent treatment coverage for all age groups, sexes and subgroups by 2020. In addition, our rapid scaling up of infrastructure and capacity for viral load testing has increased their volume from 11,000 to 251,000 tests per year.

Last but not least, the Ministry of Education and Training has rolled out a comprehensive sex education curriculum in primary schools and the lower grades of secondary schools. Significant progress has also been made not only in terms of achieving the fast-track targets through our adoption of a people-centred response, but also in terms of the 90-90-90 treatment targets, as Lesotho has made significant progress to reach a level of 77-90-88, indicating a high level of coverage related to services. According to these findings, we believe that the country is on track to achieve the 90-90-90 targets by 2020.

The antiretroviral therapy coverage in the country is 67 per cent, up from 35 per cent in 2014, while the population-level viral-load suppression rate is 67.6 per cent. Moreover, a differentiated combination prevention approach, which includes essential service packages, has been developed for each priority-population group. Several game-changing innovative interventions and delivery models have also been adopted and adapted to increase access to HIV services.

The male corners and adolescent centres established in mid-2017 to reach men and young people, respectively, are showing high uptake and good results. These facilities offer integrated, client-oriented and friendly services, including cancer screenings, in a one-stop setting. The services offered are by young people for young people and men for men, with remarkable results, including high acceptance, high enrolment and improved adherence. Attendance at the clinics increased from 300 to 400 people per month in 2017 to 1,300 to 1,500 people per month this year.

These achievements have been possible only because of the strong support and partnership with our partners, such as the United States President's Emergency Plan for AIDS Relief (PEPFAR), the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the Global Fund to Fight AIDS, Tuberculosis and Malaria, among others. We acknowledge with gratitude the recent technical support provided by UNAIDS in the establishment of the HIV and health situation room, which will enhance accountability and transparency. We are also grateful for the generosity and high investment of the United States Government through funding and technical support received from PEPFAR.

Despite the commendable progress, Lesotho is continuing to face challenges. For example, adolescent girls and young women remain highly vulnerable, with high rates of new infections. To this end, there remains a need to intensify efforts to put in place tailored HIV and sexual and reproductive health-rights services, addressing risk and vulnerability, including underlying causes.

In conclusion, the Government of the Kingdom of Lesotho stands committed to the 2030 Agenda for Sustainable Development, including the resolve to fast-track efforts to end the AIDS epidemic by 2030. We will endeavour to continue to search for solutions to

these challenges in partnership with our development partners so as to ensure that no one is left behind.

Mr. Dzonzi (Malawi): I would like to join those Member States that expressed concern this morning about the low attendance in this meeting of the General Assembly on the subject of HIV/AIDS. I hope that it does not signify an attitude that says "This is your problem, not ours", because that is what got us here in the first place.

At the outset, I would like to align Malawi's statement with those delivered by the representatives of Kenya and Tanzania on behalf of the Group of African States and the Southern African Development Community (SADC), respectively (see A/72/PV.94).

It is indeed a great honour and privilege to be here today to share with the General Assembly Malawi's successes and challenges in the implementation of the 2016 Declaration of Commitment on HIV/AIDS. Malawi is one of the countries with the highest HIV burden globally. It is estimated that 1.1 million of our 17 million people live with HIV/AIDS. In 2015, the country aligned its national HIV/AIDS strategic plan to the ambitious 90-90-90 targets of the Joint United Nations Programme on HIV/AIDS (UNAIDS) as a critical step towards ending AIDS as a public health threat by the year 2030. Emboldened by the 2016 Declaration of Commitment, the people and the Government of Malawi have taken a number of significant steps to accelerate the achievement of the 90-90-90 targets and have progressively achieved an 88-84-86 score as of May 2018.

Over the past two years, the national HIV/AIDS response has made significant progress. Recognizing the challenges of reaching the first 90, the Government of Malawi has introduced a new policy on HIV self-testing and voluntary assisted-partner notification, while at the same time increasing targeted HIV testing for key and vulnerable populations. With the support of the United States President's Emergency Plan for AIDS Relief (PEPFAR), we have established a special cadre of health-care workers to undertake HIV testing as we try to increase our understanding of who is infected. Consequently, a total of 7,224,892 HIV tests were conducted in 2016 and 2017 alone, of which 286,854, or 4 per cent, were positive. Similarly, with the introduction of the test-and-start HIV treatment policy, we now have more than 750,000 people diagnosed with HIV, of whom 70 per cent are virally suppressed. We believe that as we roll out the dolutegravir treatment regimen, many more people on antiretroviral treatment will achieve viral suppression to undetectable levels, marking a major milestone in how we deal with HIV in Malawi.

The legal and policy environment is critical for an effective human rights-based national AIDS response. The Government recently enacted a new national HIV/AIDS prevention and management law, which seeks to guarantee HIV prevention and treatment services for all people in Malawi in an environment free of stigma and discrimination. I would like to express my gratitude to the UNAIDS Executive Director for his personal engagement in this process, ensuring that the new law is consistent with international human rights standards and the SADC HIV/AIDS model law.

Additionally, in October 2017 Malawi launched a new national condom strategy and guidance for sexually transmitted diseases. We have also revised our national HIV prevention strategy in line with the Global HIV Prevention Coalition road map and targets, and are now looking to establish an operational plan to direct prevention activity in the context of the strategy.

Finally, we have also developed a new national strategy for adolescent girls and young women across the Government to reduce women's and girls' vulnerability to HIV infection, gender inequalities, gender-based violence and harmful cultural practices. It is my firm belief that based on those achievements, Malawi is on track to achieving the 90-90-90 fast-track targets and the 2016 Declaration of Commitment.

Mr. Salarzai (Afghanistan), Vice-President, took the Chair.

While we celebrate those successes, it is important to note that many challenges still remain in our collective drive to end AIDS as a public health threat both in Malawi and many other sub-Saharan African countries. As clearly indicated in the blind spot report launched by UNAIDS last year, access to and utilization of HIV testing and treatment services among boys and men are disproportionately low. Stigma and discrimination against key and vulnerable population groups remain pervasive in many communities.

Furthermore, the dwindling and unpredictable financial resources for HIV and AIDS, coupled with shrinking civil-society engagement, have resulted in limited investments in communication for social and

behaviour change, which will be critical to achieving a 75 per cent reduction in new HIV infections by 2020, as stipulated in the 2016 Declaration of Commitment. Ensuring that we can actually reach the last mile of undetected patients is going to take new thinking, and not just more of the same.

While recognizing the immense contribution of the Global Fund to Fight AIDS, Tuberculosis and Malaria, PEPFAR and the United Nations system to the national AIDS response, more investment and efforts are needed to strengthen data generation and knowledge management for non-biomedical interventions. Addressing those challenges will greatly accelerate Malawi's efforts to achieve the fast-track 90-90-90 targets and the 2016 Declaration of Commitment.

Political declarations on HIV and AIDS have yielded great results in the past. The 2016 Declaration is arguably one of the boldest yet most achievable commitments made by the international community. In the spirit of global solidarity, shared responsibility and accountability, we must forge ahead with renewed commitment and determination to end HIV and AIDS as a public health threat by 2030. The time to act is now.

Mr. Louis (Haiti) (*spoke in French*): At the outset, my delegation would like to commend the Secretary-General for his complete and exhaustive report (A/72/815), rightly entitled "Leveraging the AIDS response for United Nations reform and global health". The Haitian delegation also welcomes the commendable initiative shown by the General Assembly, which, true to its mandate, has organized this plenary meeting to consider the Secretary-General's report in the light of the mechanisms put in place to implement the Declaration of Commitments on HIV/AIDS and the related political declarations.

At the midpoint of the period to meet the commitments made by the General Assembly in 2016 in the context of the strategy to accelerate the response, we have certainly noted significant progress in collective and individual efforts to end the AIDS epidemic by 2030. However, despite the progress made, the disease is still present and constitutes a major concern for all Member States, including the potential to eliminate mother-to-child transmission of HIV and the adoption of a combined approach to HIV prevention that respects and protects the rights of the most vulnerable people, as well as dealing with the related stigma, discrimination, gender inequality, poverty, food insecurity and other social and economic inequalities. To address such concerns effectively, we need to take concrete steps to make immediate use of the new HIV/AIDS screening techniques and treatment combinations developed so far, especially for the most vulnerable countries.

My delegation believes that we should make the following observations at the national level. Like many countries, Haiti is plagued by a widespread HIV epidemic, with enormous repercussions for the economy, institutions, families and individuals that leave no sector or social stratum untouched. Nevertheless, according to the latest demographic health survey in 2017, Haiti was able to reduce its sero-prevalence rate among the general population aged between 15 and 49 years old from 2.2 per cent to 2 per cent. The number of people living with HIV is currently estimated at 147,154.

The fight against the HIV epidemic is an ongoing priority for the Government of the Republic of Haiti, and that is why the Government and its development and civil society partners have made a strong commitment to the implementation of the 2016 Political Declaration. In that regard, some progress has been made since the high-level meeting in June 2016, including the formulation of a multisectoral national strategic plan for the period from 2018 to 2023; the adoption and immediate implementation of the test-and-treat strategy, which has facilitated access to treatment; to date, 86 per cent of HIV-positive people know their status, which is the first 90 target; 108,000 people tested positive have been placed on antiretroviral treatment, which represents 85 per cent of the second 90 target; and 65 per cent of people in treatment already have an undetectable viral load.

We also note the adoption of several policy and strategy documents, among other things, to facilitate the implementation of interventions for people at risk, task delegation and a community strategy through multipurpose community health workers. In addition, the Haitian Government has undertaken to eliminate mother-to-child transmission by 2020. More than 80 per cent of all pregnant women have been tested for HIV, and of those identified as HIV positive, 90 per cent are receiving antiretroviral treatment.

I would also like to note that my Government is committed to reducing the number of new infections and, as a result, has prioritized prevention and treatment, particularly for sex workers, adolescents,

young women and girls, while we continue to accelerate the implementation of our test and treat programme.

We are also facing major challenges, including in areas such as the capacity to mobilize adequate domestic resources; better coordination to avoid duplication of donor support; private-sector support for increased national investment and sustainability; the implementation of concrete, measurable and effective policies and actions to address HIV/AIDS-related discrimination, especially against key and vulnerable populations; and pediatric HIV treatment, patient adherence to treatment regimes, management and so on.

In conclusion, my delegation welcomes the five recommendations in the Secretary-General's report, which present information on diagnosing, preventing and treating the AIDS epidemic appropriately. The Haitian delegation fully supports the recommendations and hopes that they will not be in vain, but that they will be followed by concrete actions aimed at effectively implementing the 10 commitments in the 2016 Declaration on HIV/AIDS, with a view to accelerating an effective global response to the fight against HIV/AIDS and achieving our shared objective of putting an end to the disease by 2030.

In order to adequately address those challenges, the Government of Haiti renews its strong commitment and determination to meet the 2020 targets and put an end to AIDS as a public health threat by 2030. To that end, the Haitian Government, with its national and international partners, recently adopted the 95-95-95 targets by 2020 in order to achieve the 2030 targets earlier.

Finally, in an effort to accelerate HIV prevention with a view to reducing new infections by 75 per cent, Haiti has committed to joining the coalition of countries committed to implementing the HIV prevention road map for 2020. The road map is focused on countries with a high number of new infections among adolescents and young adults.

Ms. Bakuramutsa (Rwanda): At the outset, I would like to express my delegation's appreciation for the convening of this meeting two years after the adoption of the Declaration of Commitment on HIV/AIDS and the political declarations on HIV/AIDS. We would also like to thank the Secretary-General for his report, entitled "Leveraging the AIDS response for United Nations reform and global health" (A/72/815).

Rwanda aligns itself with the statement delivered by the representative of Kenya on behalf of the Group of African States (see A/72/PV.94).

At the halfway point of the fast-track phase of the AIDS response, it is commendable that progress has been recorded globally with regard to the commitments made in the 2016 political declarations. That said, the challenges to global responses to the AIDS epidemic remain significant and persistent, hindering efforts to achieve our ultimate goal, and continue to demand that the international community work relentlessly to find global solutions to our global challenges.

HIV prevalence in Rwanda has remained stable at 3 per cent in the adult population for the past decade, with an HIV incidence of 1.28/1000 people. Rwanda is on track to achieve the 90-90-90 treatment targets of the Joint United Nations Programme on HIV/AIDS (UNAIDS) by 2020 and is gearing up to meet the targets for the 95-95-95 fast-track strategy to end the AIDS epidemic by 2030. Eighty-eight per cent of the people living with HIV have been tested and know their status, in line with the ambitious target of having 90 per cent of all people living with HIV knowing their HIV status.

In accordance with the World Health Organization recommendations, Rwanda has adopted various strategies that have contributed to achievements related to HIV/AIDS patients receiving antiretroviral treatment. These strategies include the treat-all strategy, aimed at providing antiretroviral treatment for all who test positive for HIV, and the differentiated service-delivery model, aimed at decreasing the frequency of patient clinical visits to health facilities, synchronizing services offered to our clients and reducing the burden for health-care providers.

Ensuring a healthy population is a top priority for Rwanda that goes hand in hand with implementing Sustainable Development Goal 3 of the 2030 Agenda for Sustainable Development and specifically, in this context, target 3.3.

We welcome the Secretary-General's recommendation that efforts to end tuberculosis and other co-infections and co-morbidities should be accelerated by scaling up integrated, people-centred tuberculosis and HIV services through collaborative activities, as well as improving primary health-care access, which will accelerate disease-specific responses. In that regard, Rwanda has enrolled more than 90 per cent of its citizens in health insurance

through its universal health-coverage policy. Through a combination of community-based health insurance, community health workers and dedicated local and global partners, Rwandan citizens have been able to access primary health services in greater numbers than before owing to the affordability of care and drugs. Access to health care has enabled Rwanda to register 91 per cent of patients on antiretroviral treatment to suppress their viral load. Various strategies have been put in place with that goal in mind and will continue to help to increase viral suppression, such as enhanced adherence support for patients enrolled in HIV services, both at health facilities and in communities through peer education, and guideline updates with a focus on regimens with fewer side effects.

In addition to access to health care, a gender approach is clearly needed to address gender disparities with regard to HIV/AIDS. Consequently, mainstreaming gender equity as a cross-cutting area remains a priority goal for Rwanda.

In conclusion, Rwanda believes that collective work towards the following four key challenges will support the continued progress in the fight against HIV and in ending the AIDS epidemic: first, addressing the financial gaps identified, so as to ensure implementation; secondly, developing and implementing cost-effective and sustainable service delivery models; thirdly, improving supply-chain management; and fourthly, making greater use of data-driven approaches to identifying new infections.

Rwanda is grateful to UNAIDS, the United States President's Emergency Plan for AIDS Relief and the Global Fund to Fight AIDS, Tuberculosis and Malaria, among other partners, for their continued partnerships and collaboration, and remains committed to global efforts to end the AIDS epidemic.

Mr. Kafle (Nepal): Let me begin by thanking the President for convening this important meeting. I also thank the Secretary-General for his comprehensive report (A/72/815).

I would like to share the important steps that Nepal has taken to scale up, intensify, innovate and speed up services to prevent and treat HIV, and to eliminate discrimination, improve the integration of HIV with other health services and align our efforts with the Sustainable Development Goals.

Only six months after making its commitments in the Assembly, Nepal developed and began implementing Nepal HIVision 2020 as the country's fast-track national HIV strategic plan for the period from 2016 to 2021. It is designed to fully achieve the 90-90-90 treatment targets by the year 2020. With those plans, the Government of Nepal is in effect increasing its domestic HIV investments by procuring 50 per cent of the antiretroviral drugs required, and we will cover 100 per cent of the necessary life-saving antiretroviral drugs starting in the next fiscal year. Our programme focus has shifted primarily to preventing new infections, in addition to case finding and management through task-sharing between the Government and civil society, with the Government working through outreach and communities through inreach. In order to prevent the vertical transmission of HIV and keep mothers healthy, HIV testing services for pregnant women have been scaled up throughout the country.

New HIV infections in Nepal declined by more than 60 per cent in 2017 compared to 2010. Our goal is to reduce new HIV infections by 75 per cent by 2020. Today, 63 per cent of people thought to be living with HIV know their HIV status, which is still far from the goal of 90 per cent. With the implementation of the community-led HIV screening, which began a few weeks ago, the percentage of people aware of their HIV status is expected to reach 90 per cent by 2020. Following the implementation of Nepal's testing and treatment strategy, the number of people receiving antiretroviral treatment has increased significantly. Our goal of 90 per cent treatment coverage by 2020 is within our reach. The strategy plan calls for systematic and coordinated action from line ministries in addition to the Ministry of Health. All the relevant line ministries have their roles to play in preventing HIV. They include reducing vulnerability, contributing to care and support, protecting human rights, reducing discrimination and integrating HIV into their respective development agendas.

Nepal is also focusing on reducing inefficiencies by integrating HIV services effectively with the country's health system and with programmes that work with similar and overlapping populations in connection with tuberculosis, sexual and reproductive health, and maternal and child health in particular. Another priority is investing more in improving the community system's capacity for identifying, reaching, recommending and ensuring the continuum of care. We aim to achieve zero

tolerance for discrimination against people with HIV/AIDS by 2030. We are halfway to fulfilling our 2020 fast-track commitments. Nepal is confident that we can end the HIV epidemic as a threat to public health in our country by 2020.

What we have achieved so far is the result of the joint work of the Government, development partners — particularly the Joint United Nations Programme on HIV/AIDS and the Global Fund — the private sector and specific community networks to improve and sustain the country's HIV response for and with the people, who matter the most, while leaving no one behind. Nepal appreciates such support and cooperation, and looks forward to continuing its partnership and working together with the international community in that regard.

Ms. Khyne (Myanmar): At the outset, my delegation thanks the President of the General Assembly for convening this meeting to review progress in the implementation of the Declaration of Commitment on HIV and AIDS and its subsequent political declarations.

This meeting is very important and timely, as it coincides with the halfway point of the 2020 fast-track commitments made in 2016 to accelerate the fight against HIV and to end the AIDS epidemic by 2030. My delegation also thanks the Secretary-General for his report (A/72/815) and takes note of its five recommendations, which are critical to achieving our global HIV/AIDS response. The world is making significant progress towards the goal of ending the AIDS epidemic by 2030. More people living with HIV are receiving access to treatment, and the number of deaths has declined. However, the report also points out that progress in reducing new infections is slow.

As an HIV-burdened country and one of the hardest hit in South-East Asia, Myanmar is fully committed to ending the AIDS epidemic by 2030. To address the scourge of HIV/AIDS, we have placed the fight against HIV at the top of our health-care agenda. HIV is designated a priority disease in the current national health plan for the period from 2017 to 2021. We have also launched a national strategic plan on HIV/AIDS for the period from 2016 to 2020, which provides a road map on how to fast-track the national HIV response and end the AIDS epidemic as a public health threat by 2030.

We fully subscribe to the idea that strengthening health systems, private-sector engagement and community mobilization is crucial to ensuring the quality and coverage of the HIV service continuum. Safeguarding human rights and promoting gender equality with supportive legal and political frameworks and zero tolerance for stigmatizing, discriminating against or committing violence against people affected by HIV and AIDS are also critical in that regard. In our efforts to achieve the 90-90-90 treatment target, essential HIV services have been made available throughout the country, including prevention, integrated testing and counselling, clinical care, antiretroviral therapy and a safe blood supply. More than 117,000 people belonging to key populations received HIV testing and were aware of their HIV status in 2017, and approximately 70 per cent of those living with HIV subsequently received life-saving antiretroviral therapy.

With the goal of eliminating mother-to-child transmission by 2025, we have launched programmes for preventing mother-to-child transmission that have made significant progress. The joint strategy linking the two national programmes involving tuberculosis and HIV has also been implemented. Integrated tuberculosis and HIV services are now available in all 330 townships in order to intensify case finding and improve tuberculosis and HIV awareness and the immediate initiation of treatment. Domestic funding for the national HIV response has increased in recent years. For the 2017-2018 fiscal year, $14 million has been allocated to antiretroviral treatment, close to the 20 per cent co-financing level required by the Global Fund. Despite the overall estimated decline in the HIV epidemic at the national level, the trend is uneven among our regions and states, and its prevalence remains high among key populations in Myanmar.

Our global response is not complete, and AIDS is not over. We require stronger and more dynamic partnerships among Member States, the United Nations system, civil society and the private sector, among others, on the way forward. My delegation is of the view that refinement and reinforcement of the Joint United Nations Programme on HIV/AIDS will better support the global AIDS response.

Lastly, my delegation reaffirms it strong commitment to ending AIDS as a public-health threat by 2030 and calls for the continued commitment and support of international donors to achieve that goal, which remains within sight.

Mr. Bayyapu (India): As we reach the half-way mark in the implementation of the 2016 Political Declaration on HIV and AIDS: On the Fast-Track to Accelerating the Fight against HIV and to Ending the AIDS Epidemic by 2030, it is imperative to take stock of our progress and to reaffirm our commitments to continue the battle against HIV/AIDS.

Concerted global efforts and commitments at the national level have resulted in measurable progress in containing the epidemic. Globally, the majority of people living with HIV are now receiving treatment and deaths caused by AIDS have declined by one third since 2010. We understand that the full achievement of the agreed targets by 2020 will require further effort and, above all, political will to ensure the expansion of community-led, people-centred approaches to HIV treatment, immediate linkage to and retention in care and adherence to treatment. The rapid roll-out of new and improved testing and treatment combinations also remain critical.

India, which was facing a spectre of disastrous consequences from the AIDS epidemic approximately 15 years ago, has succeeded in addressing the challenge. Deaths due to AIDS have been reduced by nearly 55 per cent since 2007, while new HIV infections have been reduced by 66 per cent since 2000. A total of 1.62 million people living with HIV have been tested in India and know their HIV status, and 1.2 million people living with HIV are receiving treatment. With 20.5 million pregnant women screened for HIV, considerable success has been achieved in containing mother-to-child infection. India has established the world's largest public-private partnership to provide viral-load testing and the monitoring of patients under antiretroviral treatment. Synergies have been established between HIV and tuberculosis programmes to achieve effectiveness and efficiency in order to eliminate both diseases in a time-bound manner. Targeted interventions based on close collaboration with communities and civil society, with appropriate funding from the Government, have helped deliver key life-saving services to the affected populations.

Access to affordable medicines has played a critical role in India's achievements in addressing the HIV/AIDS epidemic. The low-cost generic medicines produced by the Indian pharmaceutical industry have been instrumental in scaling up access to HIV treatment, not only in India but also in other parts of the world, especially in the developing countries most affected by the disease. More than 80 per cent of the antiretroviral drugs used globally are supplied by the Indian pharmaceutical industry. The accessibility and affordability of these drugs have helped save millions of lives around the world.

We would like to thank the Joint United Nations Programme on HIV/AIDS on this occasion for its leadership in successfully mobilizing the world against the HIV/AIDS epidemic. Lessons learned from this public-health model will continue to enrich and inform our strategies to address other global epidemics.

Ms. Van Munster (Netherlands): The Kingdom of the Netherlands fully aligns itself with the statement made by the observer of the European Union on behalf of its member States (see A/72/PV.94).

My delegation thanks the Secretary-General for his comprehensive report (A/72/815).

As a country known for its pragmatic approach towards HIV/AIDS, we would like to emphasize some of what we believe to be the key elements in the fight against HIV and AIDS. They include the need to conduct inclusive, evidence-based work; the need for a human-rights-based approach that includes sexual and reproductive health and rights; and the need for a people-centred approach. After all, it is about people, and they should be at the centre of the AIDS response.

From that approach, it naturally follows that we must talk about key populations — young people, women and girls, migrants, prisoners, intravenous drug users, sex workers and men having sex with men. They are the most vulnerable to infections. If we truly want to end the epidemic and leave no one behind, we must end stigma and discrimination against those groups and let their voices be heard. We should therefore enable representatives of those groups to actively engage with policy-makers, scientists, medical practitioners, politicians and Government representatives. We should not just talk the talk, we should also walk the walk, and the Netherlands is making progress in that respect. For example, due to our harm-reduction programmes, in the Netherlands HIV/AIDS transmission among people who inject drugs is currently close to zero.

We are halfway through the implementation phase of our own United Nations commitments, set at the high-level meeting on HIV/AIDS in 2016. This is the right time to take stock of what we have achieved so far and ensure that we use the remaining time to further

roll out evidence-based and effective policies in order to reach our goals. After all, despite good progress made worldwide, much remains to be done. AIDS is not over yet. Only by truly working together, exchanging best practices and learning from scientific research will we reach the targets we set during the high-level meeting on HIV/AIDS here in New York.

We are proud to inform the Assembly that we are hosting the perfect opportunity to further evaluate our work, as the next International AIDS Conference will take place in Amsterdam from 23 to 27 July. Its theme is "Breaking Barriers, Building Bridges". We welcome all members to Amsterdam to share, learn and re-energize one another, so that we can achieve the Sustainable Development Goals by 2030 and succeed in ending the AIDS epidemic.

The Acting President: We have heard the last speaker in the debate on this item.

May I take it that it is the wish of the General Assembly to conclude its consideration of agenda item 10?

It was so decided.

Agenda item 14 (*continued*)

Integrated and coordinated implementation of and follow-up to the outcomes of the major United Nations conferences and summits in the economic, social and related fields

Draft resolution (A/72/L.56)

The Acting President: I now give the floor to the representative of the Philippines to introduce draft resolution A/72/L.56.

Mr. Locsin (Philippines): It is my honour and privilege to introduce the draft resolution on the International Day of Family Remittances, as contained in document A/72/L.56, on behalf of the four main sponsors of the draft resolution, Algeria, Guatemala, Madagascar and, my own delegation, the Philippines. We are proud to have worked closely with partners to bring us to this historic moment.

The draft resolution is sponsored by 38 delegations — friends and partners from across all regions of the world. We thank all Member States for their active participation and constructive input during the five informal consultations and bilateral negotiations conducted in recent weeks. Together Algeria, Guatemala, Madagascar and the Philippines endeavoured to accommodate the views, concerns, contributions and suggestions expressed by many delegations in consultations that were conducted in an open, inclusive and transparent manner.

The objective of the draft resolution is to recognize and raise global awareness of the link between remittances and sustainable development and to acknowledge the fundamental contribution of migrant workers to the well-being of their families and communities of origin. The International Day of Family Remittances provides an opportunity to come together as a global community to recognize the efforts of millions of migrants who are using remittances to improve the lives of their families and to create a future of hope for their children.

The global scale of remittances is impressive. A total of $466 billion in remittances to developing countries was recorded in 2017, representing an increase of more than 8.5 per cent compared to 2016 and more than three times the value of official development assistance. During the 2015-2030 period for achieving the Sustainable Development Goals, remittances are projected to exceed a cumulative $6.5 trillion to developing countries.

Remittances are private funds transferred through private channels that represent more than 50 per cent of family income to help sustain 800 million people. Remittances have a transformative impact across the Sustainable Development Goals, as they support long-term development strategies, particularly those related to poverty eradication and access to basic services at the household level, and through the promotion of local investments that can encourage entrepreneurship and financial inclusion, especially in the rural areas of developing countries where poverty rates are highest.

Beyond the focus on the aggregate flows of remittances, what matters most is not measured in millions or billions but in the individual amounts of $200 or $300 sent home regularly and consistently. Those amounts represent 60 per cent of total household income and, if leveraged, can effectively improve the living standards of migrants' communities of origin.

That initiative was originally endorsed by the thirty-eighth session of the Governing Council of the International Fund for Agricultural Development (IFAD), which proclaimed 16 June as the International Day of Family Remittances. We are pleased that, through the adoption of draft resolution A/72/L.56, the

Day will be universally recognized and that IFAD will continue to facilitate the observance of this Day by all stakeholders, including through the Global Forum on Remittances, Investment and Development.

On behalf of Algeria, Guatemala, Madagascar and the Philippines, I now humbly request that all Member States adopt by consensus draft resolution A/72/L.56, on the International Day of Family Remittances.

The Acting President: The Assembly will now take a decision on draft resolution A/72/L.56, entitled "International Day of Family Remittances".

I give the floor to the representative of the Secretariat.

Mr. Nakano (Department for General Assembly and Conference Management): I should like to announce that since the submission of the draft resolution, and in addition to those delegations listed in the document, the following countries have become sponsors of draft resolution A/72/L.56: Australia, the Plurinational State of Bolivia, Brazil, Canada, China, Costa Rica, Egypt, Guyana, India, Indonesia, Ireland, Jamaica, Malawi, Mexico, Myanmar, Nepal, Nicaragua, Nigeria, Paraguay, the Republic of Moldova, the Russian Federation, Samoa, Singapore, the Sudan, Thailand, Timor-Leste, Uruguay and Viet Nam.

The Acting President: May I take it that the Assembly decides to adopt draft resolution A/72/L.56?

Draft resolution A/72/L.56 was adopted (resolution 72/281).

The Acting President: Before giving the floor for explanations of position, I would like to remind delegations that explanations of position are limited to 10 minutes and should be made by delegations from their seats.

Mr. Bagwell (United States of America): While we joined the consensus on resolution 72/281, we would like to take this opportunity to clarify some important points.

With regard to its references to the 2030 Agenda for Sustainable Development and the Addis Ababa Action Agenda, we underscore that the 2030 Agenda and the Action Agenda are non-binding documents that do not create rights or obligations under international law. The United States recognizes the 2030 Agenda as a global framework for sustainable development that can help countries work towards global peace and prosperity. We applaud the call for shared responsibility, including national responsibility, for the 2030 Agenda, and emphasize that all countries have a role to play in achieving its vision. The 2030 Agenda recognizes that each country must work towards implementation in accordance with its own national policies and priorities.

The United States also underscores that paragraph 18 of the 2030 Agenda calls for countries to implement the Agenda in a manner that is consistent with the rights and obligations of States under international law. We also want to highlight our mutual recognition in paragraph 58 that the 2030 Agenda implementation must respect and be without prejudice to the independent mandates of other processes and institutions, including negotiations, and does not prejudge or serve as a precedent for decisions and actions under way in other forums. For example, the Agenda does not represent a commitment to providing new market access for goods or services. It also does not interpret or alter World Trade Organization agreements or decisions, including the agreement on trade-related aspects of intellectual property rights.

We take this opportunity to make important points of clarification with regard to the reaffirmation of the Addis Ababa Action Agenda. We note in particular that much of the trade-related language in the Addis Ababa Action Agenda outcome document has been overtaken by events since July 2015 and is immaterial, and that our reaffirmation of the outcome document has no standing for ongoing work and negotiations involving trade. Some of the intervening events happened just months after the release of the outcome document.

Ensuring that remittances continue to flow through regulated channels serves the dual purpose of stopping the abuse of the financial system by illicit actors, while providing access to funds in areas of need. The United States supports the robust implementation of international anti-money-laundering and counter-terrorism financing standards by all jurisdictions, including those related to the regulation, supervision and enforcement of anti-money-laundering and counter-terrorism financing obligations for remitters. The effective implementation of those standards fosters both financial transparency and financial inclusion. However, it is unacceptable to use the references to migrants and migration without any qualifiers. The United Nations should not be recognizing irregular or illegal migration as a positive contribution to development, as it occurs contrary to national laws.

The United States must therefore dissociate itself from consensus on such language.

The Acting President: We have heard the last speaker in explanation of position.

We will now hear statements following the adoption of resolution 72/281.

Mr. Castañeda Solares (Guatemala) (*spoke in Spanish*): As a main sponsor of resolution 72/281, which establishes 16 June as the International Day of Family Remittances, I would like to thank all the delegations that took part in the consultations process. The consensus-based outcome recognizes that family remittances contribute to the sustainable development of our peoples.

Remittances can contribute to reducing household poverty in migrants' communities of origin, and more broadly to the other Sustainable Development Goals, such as facilitating access to health and education, housing construction, access to new technologies and serving as an entry point to formal financial services.

In Guatemala, around 11 per cent of the gross domestic product is attributable to the remittances entering the country, which benefit more than 6.2 million people, according to the International Organization for Migration's 2016 survey on migration and remittances. Faced with the global economic context, we can appreciate the sensitive nature of remittance flows because while they are so necessary for the survival of many people, they are highly vulnerable to various external shocks, such as exchange rates or changes in the flow of migrants.

A decrease in remittances in the coming years due to external shocks could exacerbate poverty rates, which in 2016 reached almost 60 per cent of the population, because families depend on that income to meet their basic needs. The dependence on remittances by so many people in my country indicates that we must encourage diversified investment in productive sectors and therefore reduce the vulnerability of families and the country to changes in the flows of remittances. One area in which the Government can support families sending and receiving remittances is in financial education and counselling aimed at encouraging savings and investment. It is important to design policies to support remittance-receiving communities, which will act as a buffer against falls in remittance income.

The adoption of resolution 72/281 on the International Day of Family Remittances is an important occasion that also uniquely reminds us of the efforts of migrants who contribute to the society in which they live and also to the support of their families. In addition, it allows us to recall the importance of continuing to advocate for the interests and rights of families and communities receiving and benefiting from remittances.

Mr. Soriano Mena (El Salvador) (*spoke in Spanish*): El Salvador is grateful for the initiative of resolution 72/281 to commemorate 16 June as the International Day of Family Remittances, as well as for its adoption by consensus today. We are also grateful for the work done by the group of delegations taking the initiative in drafting the text and advancing us to a mutual agreement.

El Salvador attaches great importance to remittances, which account for a considerable percentage of our gross domestic product and are the fruits of the arduous labour and positive contribution of many migrant workers and their families, regardless of their migration status, with great potential for contributing to sustainable development in their countries of origin, transit and destination. We underscore that remittances are private funds and should never, in any circumstance, be compared to any other type of financial flow, as we established in the Addis Ababa Action Agenda of the Third International Conference on Financing for Development. We therefore believe that the commemoration of this Day is of the utmost importance.

El Salvador stands ready to give the highest profile possible to this celebration, and we are willing to work hand in hand with all interested parties to implement and follow through on the 2030 Agenda for Sustainable Development and the commitments included in the Sustainable Development Goals and their targets, especially where we agreed to reduce to less than 3 per cent the remittance transaction costs for migrants, as well as to eliminate remittance corridors that cost more than 5 per cent. In that regard, we also call on the international community to lend its support to our efforts to achieve those common goals.

Once again, El Salvador, as a sponsor of this initiative, is grateful for the support it has enjoyed.

The meeting rose at 5.15 p.m.

United Nations A/72/PV.96

General Assembly

Seventy-second session

Official Records

96th plenary meeting
Wednesday, 13 June 2018, 10 a.m.
New York

President: Mr. Lajčák ..... (Slovakia)

The meeting was called to order at 10.05 a.m.

Agenda item 113 (*continued*)

Elections to fill vacancies in principal organs

(b) Election of eighteen members of the Economic and Social Council

Note verbale dated 20 April 2018 from the Permanent Mission of the Republic of Korea to the United Nations addressed to the Secretariat (A/72/845)

Letter dated 3 May 2018 from the Permanent Representative of Italy to the United Nations addressed to the President of the General Assembly (A/72/870)

The President: The Assembly will first proceed to a by-election to elect three members of the Economic and Social Council to fill the seats of three members that are relinquishing their seats before the end of their respective terms, in accordance with rule 140 of the rules of procedure.

In that connection, I would like to draw the attention of members to document A/72/845, which contains a note verbale dated 20 April 2018 from the Permanent Mission of the Republic of Korea to the United Nations, and to document A/72/870, which contains a letter dated 3 May 2018 from the Permanent Representative of Italy to the United Nations.

In its note verbale, the Permanent Mission of the Republic of Korea, in its capacity as Chair of the Group of Asia-Pacific States for the month of April, announces that Tajikistan will relinquish its seat on the Economic and Social Council for the remainder of its term in favour of Cambodia, as of 31 December 2018, and that the United Arab Emirates will relinquish its seat on the Council for the remainder of its term in favour of Yemen, as of 31 December 2018.

In his letter, the Permanent Representative of Italy, in his capacity as Chair of the Group of Western European and other States for the month of May, announces that Spain will relinquish its seat on the Economic and Social Council for the remainder of its term in favour of Malta, as of 31 December 2018.

As a result, three vacancies will occur and new members must therefore be elected to fill the unexpired terms of office of Spain, Tajikistan and the United Arab Emirates, commencing on 1 January 2019 and expiring on 31 December 2019 in the case of Tajikistan and the United Arab Emirates, and 31 December 2020 in the case of Spain.

In accordance with paragraph 4 of resolution 2847 (XXVI), of 20 December 1971, and taking into account the fact that the vacancies will occur from among the Asia-Pacific States and the Western European and other States, the new members should be elected from those two regions.

I should like to inform the Assembly that those candidates — their number not exceeding the number of seats to be filled — that receive a two-thirds majority and the greatest number of votes by members present and voting will be declared elected.

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May I take it that the General Assembly agrees to these procedures?

It was so decided.

The President: In accordance with rule 92 of the Assembly's rules of procedure, the election shall be held by secret ballot.

In accordance with rule 92 of the rules of procedure, we shall now proceed accordingly.

I should like to inform members that, as of 1 January 2019, the following States from among the Asia-Pacific States and the Western European and other States will be represented on the Economic and Social Council: Andorra, China, Denmark, France, Germany, India, Ireland, Japan, Norway, the Philippines, the Republic of Korea, Turkey and the United Kingdom of Great Britain and Northern Ireland. The names of those 13 States should therefore not appear on the ballot.

Before we begin the voting process, I should like to remind members that, pursuant to rule 88 of the rules of procedure of the General Assembly, no representative shall interrupt the voting except on a point of order on the actual conduct of the voting. In addition, ballot papers will be given only to the representative seated directly behind the country's name plate.

We shall now begin the voting process. I request representatives to remain seated until all ballots have been collected.

I should like to remind members that they are voting in the by-election for two seats for the Asia-Pacific States and one seat for the Western European and other States. The election of 18 members of the Economic and Social Council will take place immediately following the by-election.

Ballot papers marked "A" and "B" will now be distributed.

In accordance with resolution 71/323, of 8 September 2017, the names of the States that have been communicated to the Secretariat at least 48 hours prior to the election today have been printed on the ballot papers for the two regional groups. Also, additional blank lines corresponding to the number of vacant seats to be filled for each of the regional groups have been provided on the ballot papers for inscribing other States, as necessary.

I request representatives to use only those ballot papers that have been distributed. For ballot papers marked "A" for Asia-Pacific States, members are requested to put an "X" in the boxes next to the names of the candidates for which they wish to vote and/or to write other eligible names on the blank lines. For ballot papers marked "B" for Western European and other States, members are requested to put an "X" in the box next to the name printed on the ballot paper or to write the name of another eligible State on the blank line. If the box next to the name of a State is checked, the name of that State does not have to be repeated on the blank line.

The total number of checked boxes and/or handwritten names should not exceed the number of vacant seats to be filled as indicated on the ballot paper. A ballot will be declared invalid if it contains more names of Member States from the relevant region than the number of seats assigned to it. Accordingly, for the ballot papers marked "A" for Asia-Pacific States, the total number of checked boxes and/or handwritten names should not exceed two; and for the ballot papers marked "B" for Western European and other States, members can only check the box or write one name of an eligible Member State from the same region in the space provided.

If a ballot paper of a region contains the names of Member States that do not belong to the region concerned or that continue to be members of the Council next year, the ballot remains valid but the vote for these Member States will not be counted.

At the invitation of the President, Ms. Šimunić (Croatia), Mr. Kumar (India), Ms. Shikongo (Namibia), Mrs. Sandoval (Nicaragua), Mrs. Franco Nogueira Calçada Estrela (Portugal) and Ms. Senesi (Sierra Leone) acted as tellers.

A vote was taken by secret ballot.

The meeting was suspended at 10.25 a.m. and resumed at 10.55 a.m.

The President: The result of the voting is as follows:

Group A — Asia-Pacific States (2 seats)

Number of ballot papers:	188
Number of invalid ballots:	0
Number of valid ballots:	188
Abstentions:	2
Number of members present and voting:	186

Required two-thirds majority:	124
Number of votes obtained:	
Cambodia	183
Yemen	176
Timor-Leste	1

Group B — Western European and Other States (1 seat)

Number of ballot papers:	188
Number of invalid ballots:	0
Number of valid ballots:	188
Abstentions:	3
Number of members present and voting:	185
Required two-thirds majority:	124
Number of votes obtained:	
Malta	185

Having obtained the required two-thirds majority, Cambodia, Malta and Yemen were elected members of the Economic and Social Council for a term of office beginning on 1 January 2019 and ending on 31 December 2019, in the cases of Cambodia and Yemen, and 31 December 2020, in the case of Malta.

The President: I congratulate Cambodia, Malta and Yemen on having been elected members of the Economic and Social Council.

The General Assembly will next turn to the election of 18 members of the Economic and Social Council to replace those members whose term of office expires on 31 December 2018.

The 18 outgoing members are Afghanistan, Algeria, Belgium, Canada, Chile, the Czech Republic, Guyana, Iraq, Italy, Lebanon, Nigeria, Peru, the Republic of Moldova, Rwanda, Somalia, South Africa, the United States of America and Viet Nam. Pursuant to rule 146 of the rules of procedure, those countries are eligible for immediate re-election.

Members will recall that Spain, Tajikistan and the United Arab Emirates relinquished their seats on the Economic and Social Council, effective 1 January 2019, and that Cambodia, Malta and Yemen have just been elected to fill those vacancies.

Consequently, as of 1 January 2019, the following States will be represented on the Economic and Social Council: Andorra, Azerbaijan, Belarus, Benin, Cambodia, Cameroon, Chad, China, Colombia, Denmark, Ecuador, El Salvador, Eswatini, France, Germany, Ghana, India, Ireland, Japan, Malawi, Malta, Mexico, Morocco, Norway, the Philippines, the Republic of Korea, Romania, the Russian Federation, Saint Vincent and the Grenadines, the Sudan, Togo, Turkey, the United Kingdom of Great Britain and Northern Ireland, Uruguay, the Bolivarian Republic of Venezuela and Yemen. The names of these 36 States should therefore not appear on the ballots.

In accordance with paragraph 4 of resolution 2847 (XXVI), of 20 December 1971, and taking into account the number of States that will remain members of the Council after 1 January 2019, the 18 members should be elected as follows: five from among the Group of African States, four from among the Group of Asia-Pacific States, two from among the Group of Eastern European States, three from among the Group of Latin American and the Caribbean States and four from among the Group of Western European and other States. The ballot papers reflect that pattern.

I should like to inform the Assembly that those candidates, their number not exceeding the number of seats to be filled, that receive a two-thirds majority and the greatest number of votes by members present and voting will be declared elected.

Also, consistent with past practice, in the case that due to a tie vote it becomes necessary to determine the candidate to be elected or to proceed to the next round of restricted balloting, there will be a special restricted ballot limited to those candidates that have obtained an equal number of votes.

May I take it that the General Assembly agrees to these procedures?

It was so decided.

The President: In accordance with rule 92 of the rules of procedure, the election shall be held by secret ballot.

With regard to candidatures of the respective regional groups, the Secretariat has been informed that for the five vacant seats from among the African States, the Group has endorsed five candidates: Angola, Egypt, Ethiopia, Kenya and Mali. For the four vacant seats from among the Asia-Pacific States, the Group has endorsed four candidates: the Islamic Republic of Iran, Pakistan, Saudi Arabia and Turkmenistan. For the two vacant seats from among the Eastern European States, the Group has endorsed two candidates: Armenia and Ukraine. For the three vacant seats from among the Latin American and Caribbean States, the Secretariat has received communications from three candidates: Brazil, Jamaica and Paraguay. For the four vacant seats

from among the Western European and other States, the Group has endorsed four candidates: Canada, Luxembourg, the Netherlands and the United States of America.

In accordance with rule 92 of the rules of procedure, we shall now proceed to the election by secret ballot.

Before we begin the voting process, I should like to remind members that, pursuant to rule 88 of the rules of procedure of the General Assembly, no representative shall interrupt the voting except on a point of order on the actual conduct of the voting. In addition, ballot papers will be given only to the representative seated directly behind the country's name plate.

We shall now begin the voting process. Members are requested to remain seated until all ballots have been collected.

Ballot papers marked "A", "B", "C", "D" and "E" will now be distributed. In accordance with resolution 71/323 of 8 September 2017, the names of the States that have been communicated to the Secretariat at least 48 hours prior to the election today have been printed on the ballot papers for each of the regional groups. Also, additional blank lines corresponding to the number of vacant seats to be filled for each of the regional groups have been provided on the ballot papers for inscribing other States, as necessary. I request representatives to use only those ballot papers that have been distributed and to put an "X" in the boxes next to the names of the States from the relevant region for which they wish to vote and/or to write other eligible names on the blank lines. If the box next to the name of a State is checked, the name of that State does not have to be repeated on the blank line. The total number of checked boxes and/or handwritten names should not exceed the number of vacant seats to be filled as indicated on the ballot paper.

If a ballot paper of a region contains some names of States that do not belong to that region, the ballot remains valid but only the names of the States that belong to the relevant region will be counted. A ballot paper will be declared invalid if it contains more names of States from the relevant region than the number of seats assigned to it.

Accordingly, for the ballot papers marked "A" for African States, the total number of checked boxes and/or handwritten names should not exceed five; for the ballot papers marked "B" for Asia-Pacific States, the total number of checked boxes and/or handwritten names should not exceed four; for the ballot papers marked "C" for Eastern European States, the total number of checked boxes and/or handwritten names should not exceed two; for the ballot papers marked "D" for Latin American and Caribbean States, the total number of checked boxes and/or handwritten names should not exceed three; and for the ballot papers marked "E" for Western European and other States, the total number of checked boxes and/or handwritten names should not exceed four.

At the invitation of the President, Ms. Šimunić (Croatia), Mr. Kumar (India), Ms. Shikongo (Namibia), Mrs. Sandoval (Nicaragua), Mrs. Franco Nogueira Calçada Estrela (Portugal) and Ms. Senesi (Sierra Leone) acted as tellers.

A vote was taken by secret ballot.

The meeting was suspended at 11.10 a.m. and resumed at 12.05 p.m.

The President: The result of the voting is as follows:

Group A — African States (5 seats)

Number of ballot papers:	189
Number of invalid ballots:	0
Number of valid ballots:	189
Abstentions:	2
Number of members present and voting:	187
Required two-thirds majority:	125
Number of votes obtained:	
Kenya	184
Angola	183
Ethiopia	183
Mali	182
Egypt	178

Group B — Asian and Pacific States (4 seats)

Number of ballot papers:	189
Number of invalid ballots:	0
Number valid ballots:	189
Abstentions:	3
Number of members present and voting:	186
Required two-thirds majority:	124
Number of votes obtained:	
Turkmenistan	181
Islamic Republic of Iran	175
Pakistan	175
Saudi Arabia	170

Group C — Eastern European States (2 seats)

Number of ballot papers:	189
Number of invalid ballots:	0

Number of valid ballots:	189
Abstentions:	3
Number of members present and voting:	186
Required two-thirds majority:	124
Number of votes obtained:	
Armenia	177
Ukraine	176
Georgia	1

Group D — Latin American and Caribbean States (3 seats)

Number of ballot papers:	189
Number of invalid ballots:	0
Number of valid ballots:	189
Abstentions:	4
Number of members present and voting:	185
Required two-thirds majority:	124
Number of votes obtained:	
Brazil	177
Jamaica	175
Paraguay	174
Costa Rica	1

Group E — Western European and other States (4 seats)

Number of ballot papers:	189
Number of invalid ballots:	0
Number of valid ballots:	189
Abstentions:	9
Number of members voting:	180
Required two-thirds majority:	120
Number of votes obtained:	
Canada	174
Luxembourg	174
Netherlands	169
United States of America	159

Having obtained the required two-thirds majority and the largest number of votes of the members of the General Assembly, the following 18 States were elected members of the Economic and Social Council for a three-year term beginning on 1 January 2019: Angola, Armenia, Brazil, Canada, Egypt, Ethiopia, the Islamic Republic of Iran, Jamaica, Kenya, Luxembourg, Mali, the Netherlands, Pakistan, Paraguay, Saudi Arabia, Turkmenistan, Ukraine and the United States of America.

The President: I congratulate the States that have been elected members of the Economic and Social Council, and I thank the tellers for their assistance.

The General Assembly has thus concluded its consideration of sub-item (b) of agenda item 113.

The meeting rose at 12.15 p.m.

United Nations A/72/PV.97

General Assembly

Seventy-second session

Official Records

97th plenary meeting
Friday, 22 June 2018, 10 a.m.
New York

President: Mr. Lajčák ..... (Slovakia)

In the absence of the President, Mr. Brown (Liberia), Vice-President, took the Chair.

The meeting was called to order at 10.10 a.m.

Agenda item 7 (*continued*)

Organization of work, adoption of the agenda and allocation of items

The Acting President: I now invite the attention of the General Assembly to the memorandum by the Secretary-General contained in document A/72/872, in which the Secretary-General draws the attention of the Assembly to the resignation of Judge Hisashi Owada (Japan) as a member of the International Court of Justice, effective 7 June 2018.

Therefore, a vacancy in the Court has occurred which needs to be filled by an election in accordance with the provisions of the Statute of the Court and the rules of procedure of the General Assembly.

Members will recall that the General Assembly concluded its consideration of sub-item (c) of agenda item 113 at its 57th plenary meeting, on 20 November 2017.

In order for the Assembly to proceed with the election of one member of the Court to fill the vacancy resulting from the resignation, it will be necessary to reopen its consideration of the sub-item. May I take it that it is the wish of the General Assembly to reopen the consideration of sub-item (c) of agenda item 113?

It was so decided.

Agenda item 113 (*continued*)

Elections to fill vacancies in principal organs

(c) Election of five members of the International Court of Justice

Memorandum by the Secretary-General (A/72/872)

Curricula vitae (A/72/873)

Note by the Secretary-General (A/72/874)

The Acting President: I should like to draw the attention of the Assembly to the documents relating to the election. The Assembly has before it the following: document A/72/872, which contains a memorandum by the Secretary-General on the vacancy that has occurred in the Court resulting from the resignation of Judge Hisashi Owada (Japan), as well as on the present composition of the Court and the procedure to be followed in the General Assembly and in the Security Council with regard to the election; document A/72/873, which contains the name of the candidate nominated by national groups; and document A/72/874, which contains the curriculum vitae of the candidate nominated by national groups.

In this connection, I have received information from the Legal Counsel that, after the established deadline for nominating candidates, additional nominations with respect to the candidate whose name appears in document A/72/873 was received. The additional nominations in question are from the national groups of Slovenia and Paraguay.

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This election will be held in accordance with the Statute of the Court, in particular Articles 2 to 4, 7 to 10 and 14, and rules 150 and 151 of the rules of procedure of the General Assembly. According to Article 2 of the Statute, members of the Court are to be elected regardless of their nationality from among persons of high moral character who possess the qualifications required in their respective countries for appointment to the highest judicial offices, or are jurisconsults of recognized competence in international law.

Article 9 requires electors to bear in mind not only that the person to be elected should individually possess the qualifications required, but also that, in the body as a whole, the representation of the main forms of civilization and of the principal legal systems of the world should be ensured.

To be elected, the candidate must obtain an absolute majority of votes both in the General Assembly and in the Security Council, pursuant to Article 10, paragraph 1, of the Statute. The consistent practice of the United Nations has been to interpret the words "absolute majority" as meaning a majority of all electors, whether or not they vote or are allowed to vote.

The electors in the General Assembly will be all 193 Member States. Accordingly, 97 votes constitute an absolute majority in the Assembly for the purpose of the present election.

For the present election, only the one candidate whose name appears in document A/72/873 is eligible. Therefore, only that name will appear on the ballot paper. The electors in the General Assembly shall indicate if they wish to vote for the candidate by placing a cross against the name on the ballot paper. In accordance with Articles 5 and 7 of the Statute, no additional candidates may be nominated on the day of the election.

At the 915th plenary meeting of the General Assembly, on 16 November 1960, a procedural discussion was held as to whether rule 94, which was then rule 96, of the rules of procedure of the Assembly should be applied in elections to the International Court of Justice. That rule lays down a procedure for restricted ballots in the event that, after the first ballot, the requisite number of candidates have not obtained the required majority.

The Assembly decided that the rule did not apply to elections to the Court and proceeded to elect the requisite number of candidates by a series of unrestricted ballots. That decision has been followed consistently. Accordingly, if in the first ballot in the General Assembly, the candidate does not receive an absolute majority, a second ballot will be held and balloting will continue at the same meeting until the candidate has obtained the absolute majority, pursuant to rule 151 of the rules of procedure of the Assembly.

When a candidate has obtained the absolute majority in the Assembly, the President of the Assembly will notify the President of the Security Council accordingly. Such notification will not be communicated by the President of the Security Council to its members until the candidate receives the absolute majority of votes in the Council.

Upon the exchange of notifications between the General Assembly and the Security Council informing each other that the candidate has received the absolute majority in both the General Assembly and the Security Council, each organ will announce that the candidate has been elected.

The first meeting held for the purpose of the election, as referred to in Article 11 of the Statute of the Court, will be adjourned upon the exchange of notifications and the announcement of the results in both organs.

I should like to confirm that at this time, the General Assembly and the Security Council will proceed, independently of one another, to elect one member of the Court to fill the vacancy in the Court, in accordance with Article 8 of the Statute of the Court.

May I take it that the General Assembly agrees to these procedures at this election?

It was so decided.

The Acting President: I should like to remind representatives that, pursuant to rule 88 of the rules of procedure,

> "After the President has announced the beginning of voting, no representative shall interrupt the voting except on a point of order in connection with the actual conduct of the voting".

We shall now begin the voting process. Ballot papers will now be distributed. Ballot papers will be given only to the representative seated directly behind the country's nameplate.

Representatives are requested to use only the ballot papers that are now being distributed and to place a cross to the left of the name of the candidate if they wish to vote for that candidate. If any representative does not wish to vote for this candidate, he or she should leave the space to the left of the name of the candidate blank. Votes may be cast only for the candidate whose name appears on the ballot papers.

At the invitation of the President, Ms. Bellout (Algeria), Mr. Mikeladze (Georgia), Mr. Arslan (Indonesia), Mr. Irimia Arosemena (Panama), Ms. Rolón Candia (Paraguay) and Mr. López Ortiz (Spain) acted as tellers.

A vote was taken by secret ballot.

The meeting was suspended at 10.30 a.m. and resumed at 10.55 a.m.

The Acting President: The result of the voting is as follows:

Number of ballot papers:	189
Number of invalid ballots:	0
Number of valid ballots:	189
Abstentions:	5
Number of members present and voting:	184
Absolute majority:	97
Number of votes obtained:	
Mr. Yuji Iwasawa (Japan)	184

Mr. Yuji Iwasawa obtained an absolute majority in the General Assembly. I have communicated the result of the voting to the President of the Security Council.

I have also received from the President of the Security Council the following letter:

> "I have the honour to inform you that, at the 8292nd meeting of the Security Council, held on 22 June 2018 for the purpose of electing one member of the International Court of Justice to fill the seat that became vacant on 7 June 2018, Mr. Yuji Iwasawa of Japan obtained an absolute majority of votes."

As a result of the independent voting in the Security Council and in the General Assembly, Mr. Yuji Iwasawa has obtained an absolute majority in both organs. He is therefore duly elected a member of the International Court of Justice to serve for a term of office commencing today, 22 June 2018, and ending 5 February 2021. I take this opportunity to extend to him the congratulations of the Assembly on his election and to thank the tellers for their assistance.

May I take it that it is the wish of the General Assembly to conclude its consideration of sub-item (c) of agenda item 113?

It was so decided.

The meeting rose at 11 a.m.